

Final Report

State of Indiana Consolidated Plan Update

FY2002

Final Report

May 13, 2002

2002 Indiana Consolidated Plan Update

Prepared for

State of Indiana
Department of Commerce
Indiana Housing Finance Authority
Indiana Family and Social Services Administration
One North Capital Avenue, Suite 600
Indianapolis, Indiana 46204

Prepared by

BBC Research & Consulting
3773 Cherry Creek N. Drive, Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

in association with

The Keys Group
5205 West Tamarac Drive
Muncie, Indiana 47304



Table of Contents

Map of Indiana Counties

Frequently Used Acronyms

Executive Summary

Purpose of the Consolidated Plan	ES-1
What's New in the 2002 Consolidated Plan Update.....	ES-1
Compliance with Consolidated Plan Regulations.....	ES-1
Lead and Participating Agencies	ES-2
Citizen Participation Process	ES-2
The Socioeconomy of Indiana.....	ES-2
Housing and Community Development Needs.....	ES-3
Housing Market Analysis.....	ES-6
Special Needs Populations	ES-7
Five Year Strategic Goals.....	ES-8
One Year Action Plan	ES-9

I. Introduction

Purpose of the Consolidated Plan	I-1
What's New in the 2002 Consolidated Plan Update.....	I-1
Compliance with Consolidated Plan Regulations.....	I-2
Notes on the Data	I-2
Organization of the Report	I-3
Lead and Participating Agencies	I-3
Citizen Participation Plan Process.....	I-4
Consultation with Governmental and Nonprofit Organizations.....	I-4
Acknowledgements	I-4

II. The Socioeconomy of Indiana

Demographic and Economic Profile of Indiana	II-1
Population Characteristics.....	II-2
Income	II-9
Employment	II-14
Economic Forecast.....	II-17

Table of Contents

III. Housing and Community Development Needs

Introduction.....	III-1
Regional Forums	III-1
Community Survey	III-12
Housing Inventory and Quality.....	III-13
Housing Affordability	III-14
Special Needs Housing.....	III-18
Lead Based Paint Hazards.....	III-30
Fair Housing.....	III-30
Fair Housing Policy.....	III-32
Community Development Needs.....	III-33
HUD Grant Programs	III-37
Summary	III-38

IV. Housing Market Analysis

Housing Market Characteristics	IV-1
Housing Types	IV-1
Housing Supply.....	IV-2
Housing Condition.....	IV-5
Lead Safe Housing	IV-7
Housing Affordability	IV-9
Barriers to Affordable Housing.....	IV-11
Summary	IV-13

V. Special Needs Populations

Introduction.....	V-1
Summary	V-1
The Elderly	V-3
Persons Experiencing Homelessness	V-8
Persons with Developmental Disabilities.....	V-14
Persons with HIV/AIDS	V-23
Persons with Physical Disabilities	V-27
Persons with Mental Illness or Substance Abuse	V-30
Migrant Agricultural Workers	V-32
Implications	V-34
Data Sources.....	V-36
Persons Contacted	V-38

Table of Contents

VI. 2002 Program Year Strategy and Action Plan

Approach and Methodology.....	VI-1
Summary of Findings.....	VI-3
Five Year Goals	VI-4
Strategies and Action Plan	VI-4
Strategies and Resources Matrix.....	VI-23
One Year Action Plan	VI-23
Institutional Structure	VI-28
Anti-Poverty Strategy	VI-31
Obstacles to Meeting Needs.....	VI-32

Appendices

A. List of Key Participants	A-1
B. Consolidated Plan Certifications.....	B-1
C. Community Survey Instrument	C-1
D. Community Plan Participation	D-1
E. Public Comments and Response	E-1
F. 2001 Fund Allocations	F-1
G. 2002 Allocation Plans	G-1
H. HUD Regulations Cross-Walk	H-1

Map of Indiana Counties



Frequently Used Acronyms

Acronym	Definition
AHP	Affordable Housing Program – a grant program through the Federal Home Loan Bank
BMIR	Below market interest rate
CAP	Community Action Program agency
CBDO	Community Based Development Organization – as defined by the CDBG regulations in 24 CFR 570.204(c)
CDBG	Community Development Block Grants (24 CFR Part 570)
CHDO	Community housing development organization – a special kind of not-for-profit organization that is certified by the Indiana Housing Finance Authority
CPD Notice	Community Planning and Development Notice – issued by the U.S. Department of Housing and Urban Development to provide further clarification on regulations associated with administering HUD grants
DHPA	Division of Historic Preservation and Archeology, a division of the Department of Natural Resources and serves as the State Historic Preservation Officer for Indiana
DNR	Department of Natural Resources
ESG	Emergency Shelter Grant – operating grants for emergency shelters. Applied for through the Family and Social Services Administration
FEMA	Federal Emergency Management Agency
FHLBI	Federal Home Loan Bank of Indianapolis
First Home	Single family mortgage program through IHFA that combines HOME dollars for down payment assistance with a below market interest rate mortgage
FMR	Fair market rents
FMV	Fair market value
FSP Memo	Federal and State Programs Memo – issued by IHFA to provide clarification or updated information regarding grant programs IHFA administers
FSSA	Family and Social Services Administration
GIM	Grant Implementation Manual – given to all IHFA grantees at the start-up training. It provides guidance on the requirements of administering IHFA grants.
HOC/DPA	Homeownership Counseling/Down Payment Assistance
HOME	HOME Investment Partnerships Program (24 CFR Part 92)
HOPWA	Housing Opportunities for Persons With AIDS – grant program awarded by HUD to the State Department of Health and administered by AIDServe Indiana.
HUD	U.S. Department of Housing and Urban Development
IACED	Indiana Association for Community Economic Development
ICHHI	Indiana Coalition on Housing and Homeless Issues, Inc.
IDEM	Indiana Department of Environmental Management

Frequently Used Acronyms

Acronym	Definition
IDFA	Indiana Development Finance Authority
IDOC	Indiana Department of Commerce
IHFA	Indiana Housing Finance Authority
LIHTF	Low Income Housing Trust Fund
MBE	Minority Business Enterprise – certified by the state Department of Administration
NAHA	National Affordable Housing Act of 1990 – federal legislation that created the HOME Investment Partnerships Program
NC	New construction
NOFA	Notice of Funds Availability
OOR	Owner-occupied rehabilitation
PITI	Principal, interest, taxes, and insurance – the four components that make up a typical mortgage payment
QCT	Qualified census tract
RFP	Request for Proposals
RHTC	Rental Housing Tax Credits (also called Low Income Housing Tax Credits or LIHTC)
S+C	Shelter Plus Care - part of the McKinney grant that is applied for directly to HUD through the SuperNOFA application
SHP	Supportive Housing Program - part of the McKinney grant that is applied for directly to HUD through the SuperNOFA application
SHPO	State Historic Preservation Officer (the Division of Historic Preservation and Archeology serves in this capacity for the State of Indiana)
SIRDP	Southern Indiana Rural Development Project
SRO	Single room occupancy
SuperNOFA	Notice of Funds Availability issued by HUD for a number of grant programs. It is an annual awards competition. Shelter Plus Care and Supportive Housing Program and Housing Opportunities for Persons With Aids are some of the programs applied for through this application process.
TBRA	Tenant-Based Rental Assistance
TPC	Total project costs
URA	Uniform Relocation Act
WBE	Women Business Enterprise – certified by the state Department of Administration

Executive Summary

EXECUTIVE SUMMARY

Purpose of the Consolidated Plan

Beginning in Fiscal Year 1995, the U.S. Department of Housing and Urban Development (HUD) required states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding. The Purpose of the Consolidated Plan is:

1. To identify a state's housing and community development needs, priorities, goals and strategies; and
2. To stipulate how funds will be allocated to state housing and community development nonprofit organizations and local governments to meet the identified needs.

Preparation of a five year Consolidated Plan and annual updates is required by states and entitlement cities in order to receive federal funding for the following programs: the Community Development Block Grant (CDBG), the HOME Investment Partnership Program, the Emergency Shelter Grant (ESG) and Housing Opportunities for People with AIDS (HOPWA).

This FY2002 Consolidated Plan Update is the second annual update to the FY2000 five year Consolidated Plan.

What's New in the 2002 Consolidated Plan Update

- 417 citizens in communities statewide were surveyed and responded to questions about the greatest needs in their areas;
- 187 citizens and representatives from nonprofits and local governments attended regional forums to provide input into the Consolidated Planning process;
- The State's socioeconomic conditions were updated with current information and data from the 2000 U.S. Census;
- The housing and community development needs of special populations were evaluated and updated; and
- Socioeconomic and housing market data was compiled for the State's public housing authorities (PHAs) located in nonentitlement counties, to assist the PHAs with their agency plans.

Compliance with Consolidated Plan Regulations

The State of Indiana's 2002 Consolidated Plan update was prepared in accordance with Sections 91.300 through 91.330 of the U.S. Department of Housing and Urban Development's Consolidated Plan regulations.

Lead and Participating Agencies

The Indiana Department of Commerce and the Indiana Housing Finance Authority (IHFA) were responsible for overseeing the coordination and development of the Update. The Indiana Family and Social Services Administration (FSSA) also assisted in its development. In addition, individuals from the following organizations assisted with the FY2002 Update: the Indiana Coalition on Housing and Homeless Issues (ICHHI), the Indiana Association for Community Economic Development (IACED), the Indiana Civil Rights Commission (ICRC), Rural Opportunities, Incorporated (ROI), the Indiana Institute on Disability and Community, and the U.S. Department of Housing and Urban Development.

Citizen Participation Process

The Consolidated Plan was developed with a strong emphasis on community input. Brochures explaining the purpose of the Consolidated Plan and how citizens can contribute were mailed to citizens and local governmental and nonprofit organizations throughout the State at the beginning of the public process. The brochures were provided in both English and Spanish. Citizens participated in the development of the Consolidated Plan through attendance at six regional public forums, responding to a statewide community survey, sending comments during the 30-day public comment period, and attending the two public hearings held after release of the Draft Update.

The Socioeconomy of Indiana

Since the preparation of the 2001 Consolidated Plan Update, new demographic data from the 2000 Census have been released, including population, age distribution, household characteristics, race and ethnicity. These data were analyzed to create the following socioeconomic picture of the State in 2000:

- **Population.** The State's population increased by 9.7 percent between 1990 and 2000, from 5,544,159 to 6,080,485 people. Counties located within a metropolitan statistical district (MSA) increased by 10.8 percent during the decade (for an average annual increase of about 2 percent) while non-MSA counties grew by 6.9 percent (or an annual average of 0.7 percent). Population growth projections released by the Indiana Business Research Center indicate that statewide growth between 2000 and 2005 is projected to slow to about .57 percent per year, for a five year growth rate of 2.8 percent.
- **Age.** Persons between the ages of 45 and 54 made up the fastest growing age group between 1990 and 2000. The median age in the State increased from 32 in 1990 to 35 in 2000. During the next five to ten years, population growth is expected to be extremely strong for those over 60 years of age. Growth is also expected to be significant for population groups between 40 and 60 years old.
- **Race/ethnicity.** As explained in subsequent sections of this report, race data between 1990 and 2000 are not directly comparable. (The 2000 Census contained more racial and ethnic categories than in 1990). Although the data are not directly comparable by race, the overall numbers indicate an increase in the State's minority population, primarily in metropolitan areas.

- **Household size/composition.** Family households headed by a male householder increased by 50 percent over the past decade; this was the fastest growing household type. Average household size decreased from 2.61 persons per household to 2.53.
- **Employment and income.** Manufacturing remains a major source of employment in Indiana. However, the rapidly growing service sector recently displaced the manufacturing sector as the State's leader in employment. The State's employment and income growth during the next five to ten years will depend on a number of factors, including the condition of the national economy and the State's ability to deflect recessionary pressures. Income growth is unlikely to be as strong between 2000 and 2005 as it was in the past five years, due to the weak economic start of the current decade. However, the Indiana Business Research Center expects the State to fare better during the current recession than it has in the past because of its relative economic diversity.

Housing and Community Development Needs

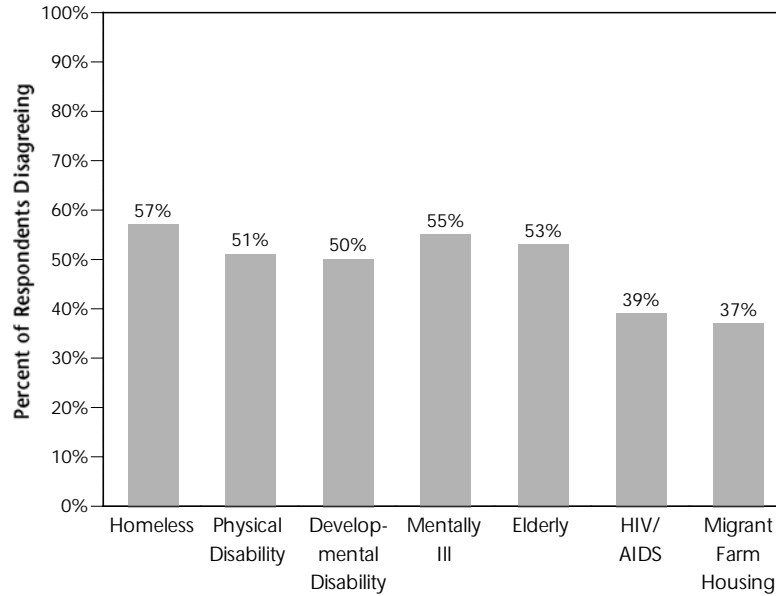
The State's housing and community development needs were gathered through a key person survey, six regional public forums and two public hearings. The respondents to the survey and attendees at the public forums included local government officials, community leaders, advocates, citizens, housing developers, social service providers and others.

Community survey findings. In February 2002, a statewide survey was conducted of citizens, local government officials, and representatives of housing and community development organizations. The survey asked questions about housing and community development needs, fair housing, and the needs of special populations. The survey results showed the following:

- One of the greatest needs expressed by respondents to the 2002 Community Survey was for affordable housing. Affordable single family housing was perceived as most needed, followed by affordable rental housing, multifamily apartments, and transitional housing.
- The majority of respondents felt that the housing and service needs of the homeless, mentally ill, elderly and physically and developmentally disabled were not being adequately met. Exhibit ES-1 on the following page shows the percentage of survey respondents disagreeing that the needs of special populations are being met in their communities.

Exhibit ES-1.
Percent of Respondents
Disagreeing that the Needs
of Special Populations Are
Being Adequately Met

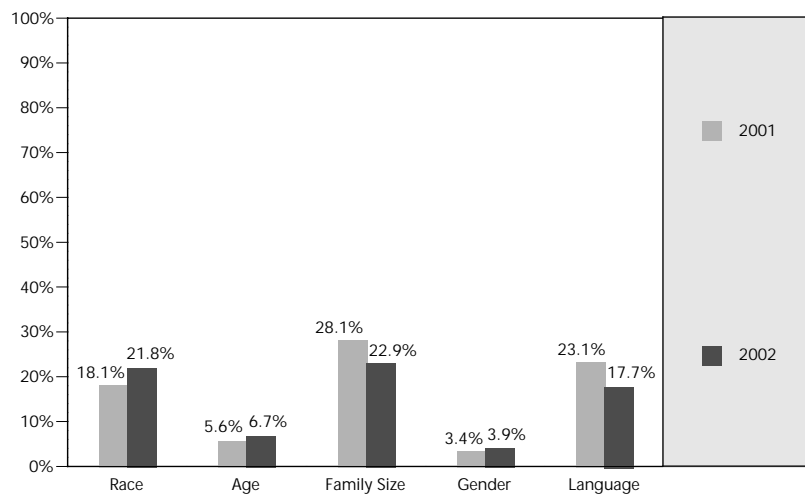
Source:
 Community Survey, Indiana Consolidated
 Plan, 2002.



- Survey respondents reported that the services most widely available to special needs populations are meals, case management and transportation. Services less likely to be available statewide include job training, health care, home repair assistance, child and adult day care and substance abuse treatment.
- Seventy-seven percent of respondents indicated that there are not adequate funds to address lead based paint hazards in housing in their communities. Nearly 70 percent of respondents felt that there is a need for partnership between housing and health care providers to address lead based paint hazards.
- Thirty-four percent of respondents agreed that discrimination occurs in their communities. The types of discrimination perceived to be the most prevalent were family size, race, disability and language. Exhibit ES-2 below compares the types of discrimination respondents identified as occurring in their communities in 2001 and 2002.

Exhibit ES-2.
Types of Housing
Discrimination Identified by
Survey Respondents

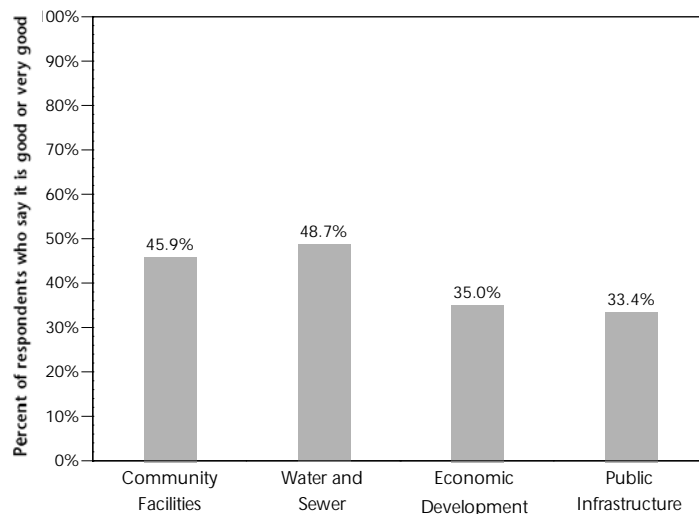
Source:
 Community Survey, Indiana Consolidated
 Plan, 2002.



- Respondents were also asked about barriers to housing choice in their communities. The barriers perceived to be most prevalent included housing cost, transportation and distance between housing and place of employment.
- Respondents ranked the quality of public facilities and infrastructure as well as economic development in their communities. Exhibit ES-3 below shows the percent of respondents who agreed that community development was in good condition.

ES-3.
Percent Agreeing that Type
of Community
Development is in Good
Condition

Source:
Community Survey, Indiana Consolidated
Plan, 2002.



Regional forums. The top community concerns expressed in the forums included emergency shelters and transitional housing, day care for children and adults, rental subsidies, affordable housing in good condition, and assistance with public infrastructure redevelopment. Exhibit ES-4 summarizes the most important community needs identified in the 2002 regional forums.

Exhibit ES-4.
2002 Top Community Issues
Identified in Forums

Note:
* Represents top issues also listed in 2001.

Source:
The Keys Group, 2002.

Top Community Issues
Increased shelter funding*
Licensed day care affordable to low income families *
Emergency housing*
Rental assistance*
High cost of infrastructure (e.g., roads, sewers, storm water, water treatment)
Public transportation in smaller communities to jobs and services, inter and intra*
Homeownership counseling
Traditional housing construction in all areas*
Affordable quality housing
Emergency housing construction in all areas*
Emergency shelter insufficient/relieve overcrowding*

Housing Market Analysis

The housing market analysis conducted for the FY2002 Update incorporated new data from the 2000 Census to portray the following housing market conditions in the State:

- In 2000, there were approximately 2.5 million housing units in the State. The State's homeownership rate was 66 percent, the same as the national rate. Seventy percent of housing units in Indiana were reported to be single family, detached homes. The median number of rooms per housing unit was 5.9.
- The 2001 statewide homeownership vacancy rate was estimated at a very low 1.6 percent. The 2001 rental vacancy rate was estimated at 10.3 percent, which is lower than the rate in 2000, but still well above the 7.3 percent average rate over the last 15 years.
- As of March 2002, the State had about 33,000 units of Section 8 expiring use properties. These properties are at risk of converting to market rate units and, as such, may lose their affordability.
- The Census 2000 Supplementary Survey (C2SS) estimated the median owner occupied home price in the State at \$94,767 in 2000. Respondents to the community survey estimated the average single family starter home to be \$70,948 in 2002. The variance in estimates reflects the apparent difference in affordability for the State overall (measured by the C2SS) compared with nonentitlement areas (measured by the community survey). The C2SS estimated the median gross rent for the State at \$521 per month in 2000. Survey respondents estimated the average rent for a two-bedroom apartment to range from \$450 to \$520 in 2002.
- Although housing prices in Indiana are still affordable relative to national standards, a significant number of Indiana renters and homeowners are paying more than 30 percent of their incomes in housing and are cost burdened. Exhibits ES-5 below and ES-6 on the following page show the distribution of homeowner and renter housing costs, as a percentage of household income.

***Exhibit ES-5.
Percent of Homeowner
Income Paid for Housing
Costs***

Note:
May not add to 100% due to households
for which data were not completed.

Source:
Census 2000 Supplementary Survey.

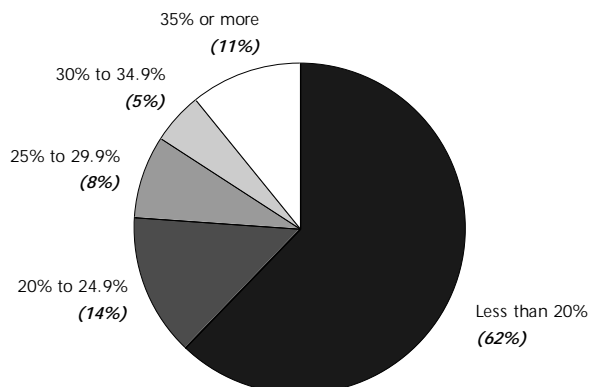


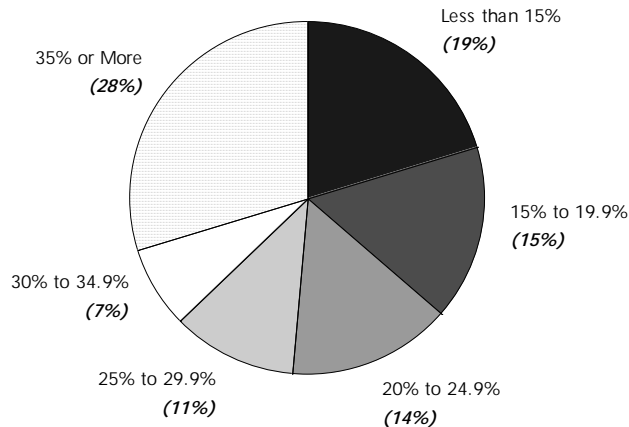
Exhibit ES-6.
Percent of Renter Income
Paid for Housing Costs

Note:

May not add to 100% due to households for which data were not completed.

Source:

Census 2000 Supplementary Survey.



- An analysis of regulatory barriers to affordable housing *at the state level* revealed few barriers in tax policies, zoning ordinances and land use controls, building codes, permits and fees, or other policies prohibiting development of affordable housing.

Special Needs Populations

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulty paying for adequate housing and often require enhanced community services. For the purposes of the Consolidated Plan, special needs populations include: the elderly, persons experiencing homelessness, persons with developmental disabilities, persons living with HIV/AIDS, persons with physical disabilities, persons with mental illness or substance abuse problems, and migrant agricultural workers. An analysis of the housing and community development needs of these populations was included in the Consolidated Plan and revealed the following:

- There were 752,831 elderly persons living in 462,300 households in Indiana in 2000. The majority of elderly in the State own their homes and live somewhat independently. However, national estimates suggest that approximately 27,000 elderly residents in nonentitlement areas of Indiana live in housing that is in substandard condition. One-fourth of the elderly in the State are estimated to have a mobility or self care limitation.
- A recent study of persons experiencing homelessness in Indianapolis indicates that 12,500 to 15,000 people in the City experience homelessness during any one year. Applying these numbers to statewide population figures, it is estimated that nearly 100,000 Hoosiers experienced homelessness in 2001. The latest data from the 2000 Continuum of Care estimate the statewide population of persons experiencing homelessness at 88,000. An additional 437,097 households are cost burdened – i.e., their rent or mortgage payment constitutes more than 30 percent of their monthly income – placing them at risk of homelessness. These individuals may be forced to move in with friends or relatives or live in other temporary housing because of difficulties finding housing of their own.

- According to a 2000 study conducted by the Association of Rehabilitation Facilities of Indiana, there are approximately 70,000 persons with developmental disabilities in Indiana. The trend in serving these individuals is to move away from institutional care toward small group homes and integrated community settings.
- According to the most recent data on HIV/AIDS populations, between 1,884 and 3,140 people living with HIV/AIDS in Indiana need housing, but there are currently only 92 subsidized units in the State targeted to such individuals. An additional 123 persons receive long-term rental assistance and 211 persons receive short-term rental assistance through HOPWA.
- The total number of individuals with physical disabilities in the State is estimated at approximately 605,000. Approximately 363,000 of the physically disabled in the State reside in nonentitlement areas. Although these individuals have access to various state and federal income and housing subsidy programs to support their housing needs, these programs may not be adequate, depending on individual needs.
- There are approximately 236,000 individuals with mental illnesses in Indiana, 68,000 of whom are low income and are the target of programs offered by the Division of Mental Health. The Division serves an additional 26,000 people at any one time with substance abuse problems. Funding of housing programs and other resources for these individuals is weighted toward cities, making it likely that persons with mental illnesses or substance abuse problems are more likely to face a housing shortage in the State's nonentitlement areas.
- The number of migrant agricultural workers in the State is estimated to be about 8,000. Although housing for these workers is historically provided by the growers, this housing is often overcrowded and of substandard quality. National data indicate that the need for affordable quality housing for migrant agricultural workers is great.

Five Year Strategic Goals

Seven top-level goals were established by the Committee for the FY2000 five year plan and retained for the FY2002 Update. These goals include:

1. Expand and preserve affordable rental housing opportunities.
2. Enhance affordable homeownership opportunities.
3. Promote livable communities and community redevelopment.
4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.
5. Strengthen and expand the State's continuum of care for persons who are homeless.
6. Strengthen the safety net of housing and services for special needs groups.
7. Enhance the local capacity for housing and community development.

One Year Action Plan

The following table provides the 2002 program year funding levels for each program. These resources will be allocated to address the identified housing and community development needs. Appendix G in the full Update contains the methods of distribution for each program.

***Exhibit ES-7.
2002 Consolidated
Plan Funding,
by Program and
State Agency***

Source:
State of Indiana and HUD, 2002.

Agency	Allocation
Indiana Department of Commerce (CDBG)	\$37,879,000
Indiana Housing Finance Authority (HOME)	\$16,447,000
Indiana Housing Finance Authority (HOPWA)	\$751,000
Indiana Family and Social Services Administration (ESG)	\$1,747,000
Total	\$56,824,000

The FY2002 action items that will be implemented to carry out the seven goals are summarized below. Please refer to the full copy of the Consolidated Plan for complete details on the five year strategies and one year action items.

Goal 1. Expand and preserve affordable rental housing opportunities.

- a. Continue funding IHFA's Housing from Shelters to Homeownership program to provide affordable rental housing.
- b. Continue using Rental Housing Tax Credits to develop affordable rental housing.
- c. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.
- d. Continue to preserve existing Section 8 expiring use properties through IHFA's work as a HUD designated Participating Administrative Entity (PAE) and as a Section 8 Contract Administrator for certain properties.
- e. Continue the use of the Indiana Coalition on Housing and Homeless Issues' (ICHHI) "OTAG" program, which assists displaced Section 8 tenants find new affordable rental units.

Goal 2. Enhance affordable homeownership opportunities.

- a. Continue to fund IHFA's Housing from Shelters to Homeownership program to provide affordable single family new construction and rehabilitation of existing units for resale.
- b. Continue IHFA's First Home program, which uses Mortgage Revenue Bonds and Mortgage Credit Certificates to provide interest rate subsidies and down payment assistance to low and very low income households for purchase of their first home.
- c. Explore the feasibility of establishing a statewide homebuyer counseling program.

- d. Evaluate and/or implement a program that promotes homeownership to the State's minority populations, specifically targeting African American and Hispanic homebuyers.
- e. Continue using the Department of Commerce's (IDOC) Individual Development Account program for downpayment assistance.
- f. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize homeownership.
- g. Use the Section 8 homeownership program to assist low income populations achieve homeownership.

Goal 3. Promote livable communities and community redevelopment.

- a. Continue funding IDOC's Community Focus Fund (CFF), which uses CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of daycare and senior centers.
- b. Expand the knowledge of a referral network to programs that complement the CFF and provide funding leverage.
- c. Continue funding IHFA's Housing from Shelters to Homeownership program, which provides funding for the entire continuum of housing needs of communities.
- d. Continue the use of the planning and community development components that are part of the Planning Grants and Foundations programs funded by CDBG and HOME dollars.
- e. Continue including rehabilitation of existing structures as a scoring preference for applications for the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
- f. Implement a statewide Fair Housing campaign.
- g. Continue to promote and encourage energy efficiency through the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
- h. Continue working to reduce the environmental hazards in housing, including lead based paint risks.

Goal 4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.

- a. Continue the use of IDOC's Community Economic Development Fund (CEDF), which funds job training and infrastructure improvements in support of job creation for low to moderate income persons.
- b. Provide funding from the CEDF for employer based skills training that is transferable.

Goal 5. Strengthen and expand the State's continuum of care for persons who are homeless.

- a. Continue to submit an annual SuperNOFA application to fund continuum of care activities.
- b. Create regional continuum of care consortia to coordinate continuum of care activities and provide guidance on specific needs.
- c. Continue statewide nonprofit training provided by ICHHI for SuperNOFA grant applications.
- d. Expand the funding available for shelter and transitional housing development in IHFA's Housing from Shelters to Homeownership program.
- e. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.
- f. Continue working to improve the Family and Social Service Administration's (FSSA) Emergency Shelter Grant (ESG) applications and scoring process to emphasize continuum of care services.
- g. Implement a Homeless Management Information System between 2002 and 2004.

Goal 6. Strengthen the safety net of housing and services for special needs groups.

- a. Enhance resources such as FSSA's Shelter Plus Care grants that provide rental assistance for persons who are homeless and require enhanced supportive services.
- b. Continue the Consumer Advisory Board (CAB) administered by the Department of Health to receive input on the needs of the State's population living with HIV/AIDS.
- c. Enhance technical assistance and planning activities of organizations serving special needs groups.
- d. Continue IDOC's CFF funding for the development of facilities that provide services and housing to persons with special needs, in addition to modifications to make facilities accessible to persons with disabilities.
- e. Continue to use HOPWA funding for tenant-based housing assistance, emergency assistance, and direct client support.
- f. Continue using IHFA's Housing from Shelters to Homeownership program for owner-occupied grant rehabilitation that can be used for home improvements that accommodate people with physical and developmental disabilities and the elderly.
- g. Explore the feasibility of a pilot home modification program that could also be used for physical adaptability.
- h. Participate in the Home Choice program sponsored by Fannie Mae that allows more flexible underwriting guidelines for homeownership for persons with disabilities.
- i. Improve the integration of the Consolidated Plan and Analysis of Impediments processes.

- j. Research the need for a central and comprehensive information source of programs to assist the State's citizens, especially those with special needs.
- k. Evaluate the need for a survey targeted to the State's migrant agricultural workers, to improve upon the data and knowledge about the housing and community development needs of this population.
- l. Seek input from organizations that work with special needs populations to guide funding and program formation, in an effort to ensure consistency between funding and the most current strategies being implemented to serve special needs groups.

Goal 7. Enhance the local capacity for housing and community development.

- a. Continue using CDBG funding for technical assistance, including accreditation and procurement training.
- b. Continue providing funding for training and technical assistance in the pre-and post-application process for IHFA's programs. Also continue providing CHDO training and capacity building activities through the CHDO Works program.
- c. Continue providing HOPWA training and technical assistance sponsored by IHFA.
- d. Continue the statewide forum on grant applications sponsored by FSSA.
- e. Continue the technical assistance provided by the Indiana Technical Assistance Consortium.
- f. Explore working with the Indiana Grantmakers Alliance to enhance their grant writing course.
- g. Explore providing more direct training for ESG grantees.
- h. Explore the creation of a core operating fund for non-profit organizations.

SECTION I.

Introduction

SECTION I.

Introduction

Purpose of the Consolidated Plan

Beginning in fiscal year 1995, the U.S. Department of Housing and Urban Development (HUD) required states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding. The Plan consolidates into a single document the previously separate planning and application requirements for Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG), the HOME Investment Partnerships Program and Housing Opportunities for People with AIDS (HOPWA) funding, and the Comprehensive Housing and Affordability Strategy (CHAS). Consolidated Plans are required to be prepared every five years; updates to the five year Plan are required annually.

The Purpose of the Consolidated Plan is:

1. To identify a state's housing and community development needs, priorities, goals, and strategies; and
2. To stipulate how funds will be allocated to state housing and community development nonprofit organizations and local governments.

The FY2002 Consolidated Plan Update is the second annual update to the FY2000 five year Consolidated Plan. This report updates the demographic and socioeconomic information and trends related to Indiana's current and future housing and economic development needs. The report contains new data about these needs, gathered through surveys and regional public forums. This information is used to review and modify, if needed, the Strategic Plan developed during the five year planning process. It is also used to develop the FY2002 One Year Action Plan.

What's New in the 2002 Consolidated Plan Update

- A community survey was distributed to more than 3,000 key persons and organizations statewide. More than 400 responses were received to questions about the affordability and quality of housing, economic development, special needs populations, and fair housing practices;
- Approximately 187 citizens and representatives from nonprofits and local governments attended regional forums to discuss and prioritize the housing and community development needs in their communities;
- The State's socioeconomic and housing market conditions were updated with recently released data from the 2000 Census;

- New information about the needs of special populations in the State was incorporated into the Plan; and
- Socioeconomic and housing market data was compiled for the State's public housing authorities (PHAs) located in nonentitlement counties, to assist the PHAs with their agency plans.

Compliance with Consolidated Plan Regulations

The State of Indiana's 2002 Consolidated Plan Update was prepared in accordance with Sections 91.300 through 91.330 of the U.S. Department of Housing and Urban Development's (HUD) Consolidated Plan regulations. Appendix H, the "HUD Regulations Cross-Walk" contains a checklist detailing how the 2002 Update meets these requirements.

Notes on the Data

This is the first year in the 2000-2004 five year Consolidated Planning cycle that 2000 Census data have been available. The FY2002 Update incorporates the new data into the socioeconomic analysis, housing market analysis, and special needs section.

The analysis of housing market conditions also incorporates new data from the Census 2000 Supplementary Survey (C2SS). The C2SS was conducted as part of the U.S. Census to test new data collection methods. The C2SS contains information that is not yet available in the 2000 Census (e.g., household income, housing prices). These data are currently available at the state level and for medium- to large-sized cities. Since the C2SS is based on a sample of respondents, estimates are subject to a margin of error.

Although many economic and demographic statistics are updated annually or semiannually, some have not been updated since the 1990 Census. Thus, in some cases, the "most recent available" data will be as of 1989 or 1990. This treatment is consistent with HUD recommendations for sources of data when updated data are unavailable.

The data are primarily aggregated on a state or county level, with data on non-entitlement areas¹ presented separately when available. Occasionally, data from entitlement areas or major metropolitan statistical areas are used to evaluate economic conditions or determine housing and community development needs if state and county data are unavailable or outdated.

¹ The term "entitlement areas" refers to cities and counties that, because of their size, are able to receive CDBG funding directly. These areas must complete a Consolidated Plan separately from the state's to receive funding. The requirements for receiving HOME, ESG, and HOPWA funds are all slightly different, but are generally based on size and need. For purposes of this report, "non-entitlement" refers to cities and towns that do not file Consolidated Plans individually and are not able to receive funding from the HUD programs directly. The entitlement areas in Indiana include the cities of Anderson, Bloomington, East Chicago, Elkhart, Evansville, Fort Wayne, Gary, Goshen, Hammond, Indianapolis, Kokomo, Muncie, New Albany, Terre Haute; Lake County; and the consortiums of Lafayette (including the cities of Lafayette and West Lafayette) and St. Joseph's County (including the cities of South Bend and Mishawaka).

Organization of the Report

The remainder of the 2002 Update is organized into six sections and eight appendices.

- Section II discusses the demographic and economic trends in Indiana to set the context for the housing and community development needs and strategies discussed in later sections.
- Section III reports the findings from the regional forums and key person survey, along with analyses of the State's housing and community development needs.
- Section IV reports updated information about the State's housing market and needs, including housing vacancies, unit characteristics, affordability, and cost burden.
- Section V discusses the housing and community development needs of the State's special needs populations. The section gives updated estimates of these populations, reports new programs and initiatives to serve them, and identifies remaining gaps.
- Section VI contains the State's updated five year program strategies and One Year Action Plan.

The Appendices include:

- A. List of Key People
- B. Consolidated Plan Certifications
- C. Key Person Survey Instrument
- D. Citizen Participation Plan and Outreach Efforts
- E. Public Comment and Response
- F. 2001 Fund Allocations
- G. 2002 Allocation Plan
- H. HUD Regulations Cross-Walk

Lead and Participating Agencies

Indiana's 2002 Update was a collaborative project. The Indiana Department of Commerce and the Indiana Housing Finance Authority (IHFA) were responsible for overseeing the coordination and development of the Update. The Indiana Family and Social Services Administration (FSSA) also assisted in its development.

The Consolidated Plan Coordinating Committee included representatives from the organizations listed above as well as individuals from the Indiana Coalition on Housing and Homeless Issues (ICHHI), the Indiana Association for Community Economic Development (IACED), the Indiana

Civil Rights Commission (ICRC), Rural Opportunities, Incorporated (ROI), the Indiana Institute on Disability and Community, and the U.S. Department of Housing and Urban Development. A list of Committee members and their respective organizations can be found in Appendix A.

Citizen Participation Process

The Consolidated Plan was developed with a strong emphasis on community input. Brochures explaining the purpose of the Consolidated Plan and how citizens could contribute, including an agenda and dates of the public forums, were mailed to citizens and local governmental and nonprofit organizations throughout the State at the beginning of the public process. The brochures were provided in both English and Spanish.

Citizens participated in the development of the Consolidated Plan through:

- Six regional forums held in cities throughout the State;
- A statewide community survey of 407 community representatives;
- A 30 day public comment period; and
- Two public hearings about the Plan and fund allocations.

Consultation with Governmental and Nonprofit Organizations

The Consolidated Plan Committee made a significant effort to involve governmental agencies and nonprofit organizations at all levels in the planning process. In addition to the regional forums described above, representatives of governmental or nonprofit organizations participated by sharing studies and information concerning the needs of communities. Among the organizations with which the Committee exchanged information were state and local policymakers, service providers to the state's special needs populations, administrators of public housing authorities, and city planners and housing development specialists. The materials that these organizations shared with us are sourced throughout the report.

Acknowledgments

Each member of the Consolidated Plan Coordinating Committee made valuable contributions to this process and merits special recognition.

The State of Indiana retained BBC Research & Consulting, Inc. (BBC), an economic research and management consulting firm, and The Keys Group, an Indiana-based planning and research partnership, to assist in the preparation of the 2002 Consolidated Plan Update.

SECTION II.

The Socioeconomy of Indiana

SECTION II.

The Socioeconomy of Indiana

Demographic and Economic Profile of Indiana

This section discusses the demographic and economic characteristics and conditions in the State of Indiana, including recent trends in population, income, and employment growth; an economic outlook and forecast for the next five to ten years; and the implications of such trends on the State's housing and community development. The contents of this section partially fulfill the requirements of Section 91.305 of the State Government Consolidated Plan Regulations.

Since the preparation of the 2001 Consolidated Plan update, new demographic data from the 2000 Census have been released, including population, age distribution, household characteristics, race and ethnicity. This section reports these new data, along with an analysis of how the demographic changes in the State affect housing and community development needs.

Where applicable, demographic forecasts made in this section are from the commercial data providers PCensus and Applied Geographic Solutions (AGS). These sources generate current and projected data using econometric techniques applied to U.S. Census and other comprehensive economic databases. Secondary data is also collected from State sources, primarily the Indiana Business Research Center at Indiana University. The data analysis is performed by BBC Research & Consulting.

Summary of demographic changes between 1990 and 2000. With the release of 2000 census data, several demographic comparisons can be observed between 1990 and 2000, including:

- **Population.** Statewide population increased by 9.7 percent between 1990 and 2000, from 5,544,159 to 6,080,485 people. Counties located within a metropolitan statistical district (MSA) increased by 10.8 percent during the decade (for an average annual increase of about 2 percent) while non-MSA counties grew by 6.9 percent (or an annual average of 0.7 percent).
- **Age.** Persons between the age of 45 and 54 made up the fastest growing age group between 1990 and 2000. The median age in the State increased from 32 in 1990 to 35 in 2000.
- **Race/ethnicity.** As explained in subsequent sections of this report, race data between 1990 and 2000 are not directly comparable. (The 2000 Census contained more racial and ethnic categories than in 1990). Although the data are not directly comparable by race, the overall numbers indicate an increase in the State's minority population, primarily in metropolitan areas.
- **Household size/composition.** Family households (with or without children under the age of 18) headed by a male householder increased by 50 percent over the past decade; this was the fastest growing household type. Average household size decreased from 2.61 persons per household to 2.53.

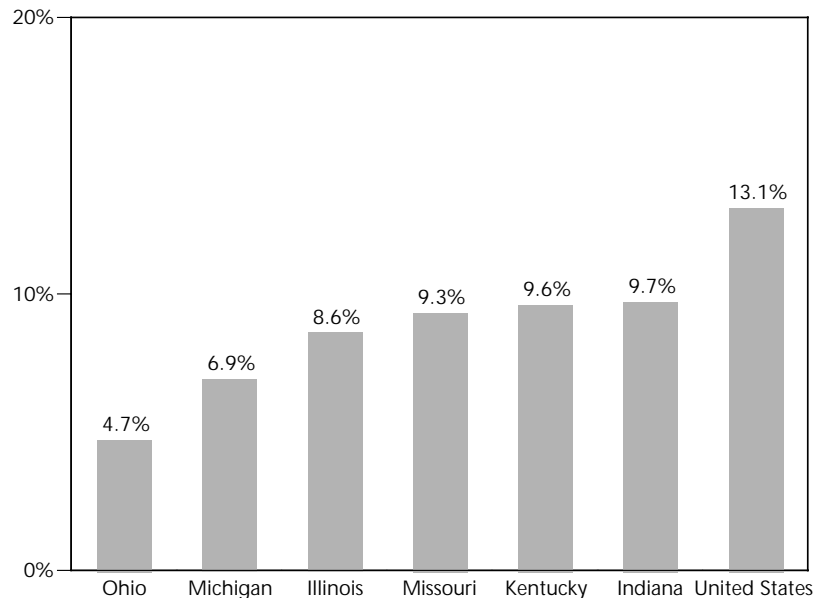
Population Characteristics

Overall growth. Data from the 2000 Census show that population in Indiana increased by 9.7 percent between 1990 and 2000, to a total of 6,080,485 people. This growth was slow relative to the population growth in the western and southern U.S., which resulted in a loss of a congressional representative seat for the State. However, Indiana's growth during the decade was stronger than other Midwestern states, as shown in the Exhibit II-2 below.

Exhibit II-1.
Population Growth,
1990-2000: Indiana and
Midwestern States

Source:
U.S. Census of the Census.

*Indiana led the population
growth of surrounding states.*



Population estimates recently released by the Census Bureau show Indiana's population to have grown by less than one percent between 2000 and 2001, to 6,114,745 people. This rate is consistent with the State's average annual population growth between 1990 and 2000 of about .9 percent.

Growth of Nonentitlement Areas. Nonentitlement areas¹ of the State made up nearly 60 percent of the population in 2000, which was about 2 percent more than in 1990. The total population in nonentitlement areas was 3.6 million people, compared to 2.4 million in entitlement areas. Between 1990 and 2000, the total population in nonentitlement areas increased 12 percent, for an annual growth rate of 1.28 percent. In comparison, the total population in entitlement areas increased by only 7 percent.

Growth by County. Counties within a metropolitan statistical district (MSA) held nearly 72 percent of the State's population in 2000. According to 2000 U.S. Census data, there were 4.35 million people in Indiana's MSA counties in 2000, compared with 1.72 million in non-MSA counties.

¹ The term "entitlement areas" refers to cities and counties that, because of their size, are able to receive CDBG funding directly. These areas must complete a Consolidated Plan separately from the State's to receive funding. The requirements for receiving HOME, ESG, and HOPWA funds are all slightly different, but are generally based on size and need. For purposes of this report, "nonentitlement" refers to cities and towns that do not file Consolidated Plans individually and are not able to receive funding from the HUD programs directly. The entitlement areas in Indiana include the cities of Anderson, Bloomington, East Chicago, Elkhart, Evansville, Fort Wayne, Gary, Goshen, Hammond, Indianapolis, Kokomo, Muncie, New Albany, Terre Haute; Lake County; and the consortiums of Tippecanoe (including the cities of Lafayette and West Lafayette) and St. Joseph's County (including the cities of South Bend and Mishawaka).

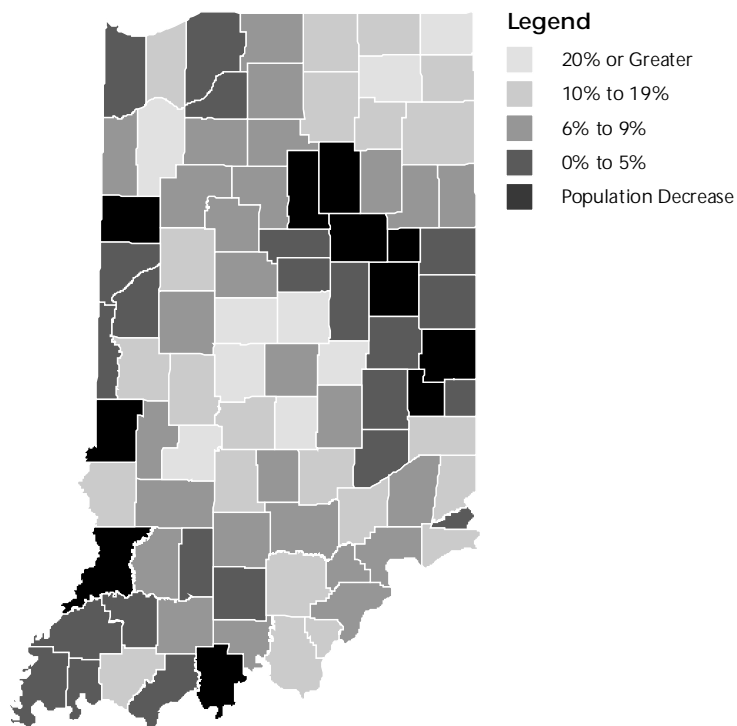
Population loss and stagnation primarily occurred in the north-central and southwest portion of the State. Eighty percent of the counties with declines in population between 1990 and 2000 were non-MSA counties. Miami, Fayette and Knox counties had relatively large population declines, each losing more than 1.5 percent of their populations. Wayne, Perry and Grant counties had declines exceeding 1 percent.

Although a number of MSA counties experienced stagnant growth between 1990 and 2000, Delaware and Vigo counties were the only MSA counties with population declines.

Exhibit II-2 shows population growth and decline by county between 1990 and 2000. Population growth between 1990 and 2000 was very strong in counties adjacent to the State's major metropolitan area of Indianapolis, in addition to Louisville, Kentucky. The population migration outward from Indianapolis contrasts with trends in other large cities during this decade.

Exhibit II-2.
Indiana's Fastest Growing
Counties, 1990-2000

Source:
U.S. Bureau of the Census.



Age. Examining population trends by age group aids in projecting future housing and community development needs. As the State's large cohort of baby boomers has been aging, the State as a whole has been growing older. Indeed, in 2000, the median age in the State was 35 years old, compared to 32 years in 1990. Median age increased in all 92 Indiana counties between 1990 and 2000, and the 2000 median age ranged from 27.2 (Tippecanoe County) to 40.8 (Brown County).

Similar to the rest of the U.S., baby boomers constitute a large percentage of Indiana's current population and are the fastest growing age cohorts. Thirty percent of the State's total population was between the ages of 30 and 49 years old in 2000. The State's youngest cohorts also make up a significant portion of the population: 14 percent of the population in 2000 was between 0 and 9 years old and 16 percent was between 10 and 20 years old.

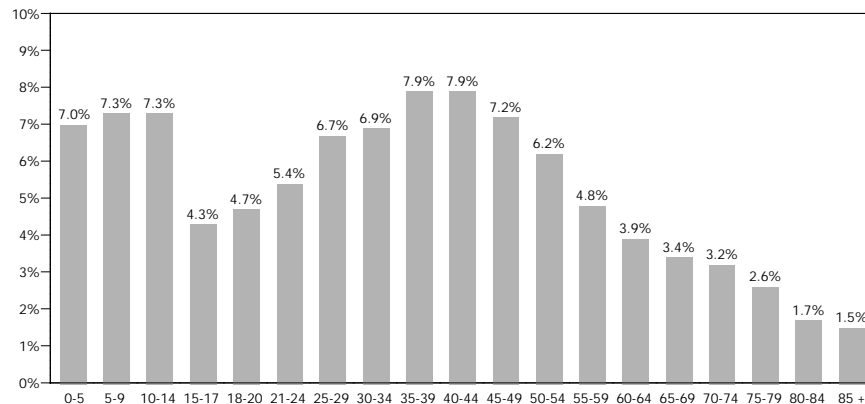
The number of individuals between the ages of 45 and 54 grew by 43 percent between 1990 and 2000; this was the fastest growing age cohort during this period. The second largest growth occurred in individuals 85 years and older; this group grew by 27 percent during the decade. Other age groups experiencing strong growth between 1990 and 2000 include ages 55 to 59 (23 percent) and ages 75 to 84 (19.5 percent).

The State's population between 25 and 44 years old increased by only 3 percent between 1990 and 2000, and the population less than 24 years old increased by only 6 percent. The only substantial decline in population in the State occurred in the population between 60 and 74 years old; this group lost nearly 3 percent of its population between 1990 and 2000. Exhibit II-3, below, shows the age distribution of Indiana's Population in 2000.

Exhibit II-3.
Indiana Population by
Age Group, 2000

Source:
U.S. Bureau of the Census.

Baby boomers and their children make up the largest age cohorts.



Persons over the age of 65 comprised 12.5 percent of the State's population. This is similar to the nation as a whole, where persons over the age of 65 comprise 12.4 percent of the population. On average, non-MSA counties have a higher percentage of elderly residents (13.7 percent of total population in 2000) than MSA counties (11.8 percent).

If current trends continue, demand for senior housing in the State should increase modestly during the next five to ten years and more rapidly in following years, as the baby boomers continue to age. This will be especially pronounced in rural areas where the percentage of the population that is elderly is the highest. Over the longer term, demand for rental housing is also likely to increase as the younger age cohorts reach their twenties, when renting is common. Percent of population over age 65 ranges from a low of 7.5 percent in Hamilton to a high of 15.8 percent in Randolph and Vermillion Counties. The State average is 13.2 percent.

Race. Population data by race is also useful in projecting future housing and community development needs, as race is correlated with income and household characteristics that influence housing demand.

Race data in the 2000 Census is different from race data collected in 1990 and other previous censuses. In the 2000 Census, people were able to identify with more than one race, whereas in earlier censuses, people could identify with only one race. As such, 1990 and 2000 race data are not directly comparable. The breakdown by race of Indiana's 2000 population is illustrated in Exhibit II-4 on the following page.

Exhibit II-4.
Indiana Population by
Race, 2000

Note:
Includes persons of Hispanic origin.

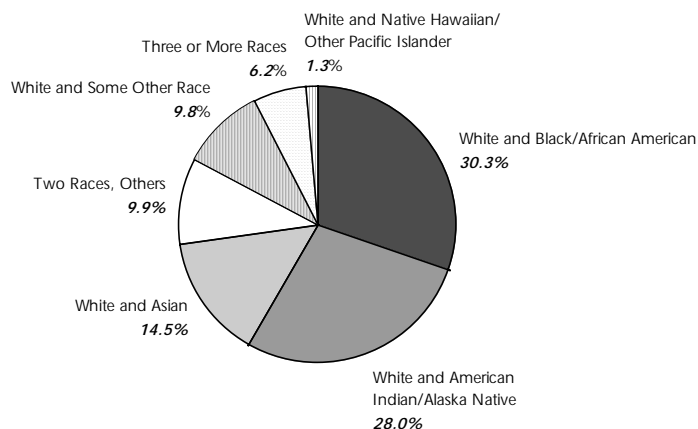
Source:
U.S. Bureau of the Census.

<i>Race</i>	<i>Number</i>	<i>Percent of Population</i>
White alone	5,320,022	87.5%
Black or African American alone	510,034	8.4%
American Indian or Alaska Native alone	15,815	0.3%
Asian alone	59,126	1.0%
Native Hawaiian or Other Pacific Islander alone	2,005	0.0%
Some Other Race alone	97,811	1.6%
Population of Two or More Races	75,762	1.2%
Total	6,080,485	100.0%

Statewide 2000 Census data indicates that 75,762 – 1.2 percent of Indiana residents – identified themselves as “more than one race.” Of this number, 30 percent were white and African American and 28 percent were white and American Indian or Alaskan Native. Among those identifying with more than one race, only six percent identified themselves as belonging to three or more races. Exhibit II-5 illustrates the proportions of Indiana residents identifying with more than one race in 2000.

Exhibit II-5.
Indiana Residents
Identifying With More
Than One Race in 2000

Note:
n = 75,762.
Source:
U.S. Bureau of the Census.

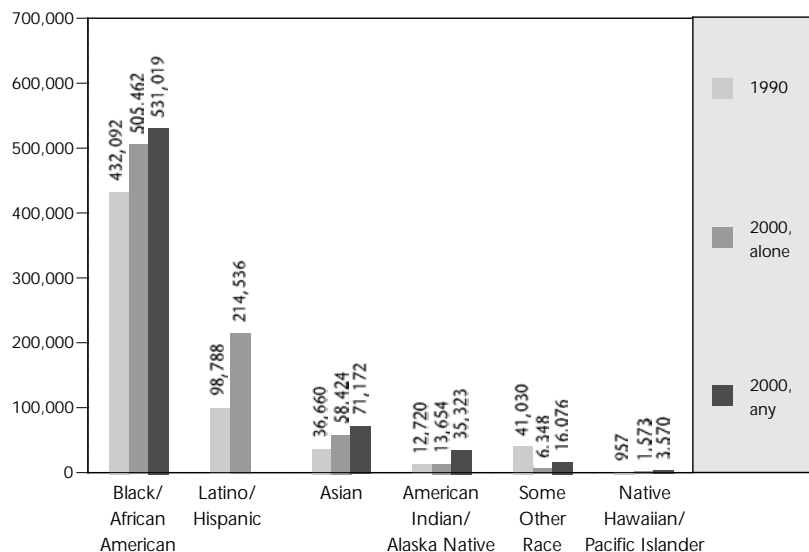


Because the multiracial option was not available in 1990, direct comparisons between specific racial categories in 1990 and 2000 are not possible. However, the Census data allow broad comparisons of race data. The 2000 Census data show that nonwhite populations in Indiana grew dramatically during the past decade. This is illustrated in Exhibit II-6.

Exhibit II-6.
Indiana Race Data:
1990, 2000 One Race
Alone and 2000 One Race
and Combination of
Multiple Races

Note:
 White population not shown. In 2000 there were 5,219,373 white alone and 54,803 white in combination. In 2000, "alone" means only one race was listed. "any" includes multiple and single races and will total greater than the overall Indiana population as a result. Hispanics may be any race; definition unchanged since 1990.

Source:
 U.S. Bureau of the Census.



Although Hispanic or Latino is often considered a racial category, the Census classifies it as an ethnicity. As such, 2000 figures on Hispanic origin can be directly compared to those from 1990. Indiana's Hispanic/Latino population grew 117 percent during the 1990s, from 98,788 to 214,536.

The race data shown in Exhibit II-6 included individuals of Hispanic/Latino origin within the race categories used. Exhibit II-7 below summarizes the racial composition of the State in 2000, separating persons of Hispanic and Latino ethnicity from their race(s) reported.

Exhibit II-7.
Indiana Population By Race,
With Hispanic Population,
2000

Source:
 U.S. Bureau of the Census.

Race/Ethnicity	Number	Percent of Population
White alone	5,219,373	85.8%
Black or African American alone	505,462	8.3%
American Indian or Alaska Native alone	13,654	0.2%
Asian alone	58,424	1.0%
Native Hawaiian or Other Pacific Islander alone	1,573	0.0%
Some Other Race alone	6,348	0.1%
Two or More Races	61,115	1.0%
Hispanic or Latino Origin	214,536	3.5%
Total	6,080,485	100.0%

More than 50 percent of the State's minority populations are located in Marion and Lake counties. In 2000, non-MSA counties together had a minority population of just 5 percent. Future growth in the State's minority populations is likely to be concentrated in urban areas.

Household composition. An understanding of the composition of the State's households – e.g., single parents, couples without children, single, elderly – is necessary to address the State's housing needs. The majority (78 percent) of households in the State are married couple households. Slightly more married couples do not have children (56 percent), which is consistent with national trends.

The number of married couple households with children declined by 5 percent between 1990 and 2000. In single parent families with children, a much higher percentage of these households is headed by females (75 percent) than males (25 percent), although the number of households with children headed by males in the State increased by 50 percent between 1990 and 2000. The characteristics of households in non-MSA counties are generally consistent with the distribution in the State. Exhibit II-8 on the following page shows the types of households in the State and non-MSA counties, for 1990 and 2000.

Exhibit II-8.
Household Characteristics in Indiana and Non-MSA Counties 1990 & 2000

	State of Indiana					Non-MSA Counties				
	1990	2000	Percent Change 1990-2000	Percent by Households	Percent by Household Type	1990	2000	Percent Change 1990-2000	Percent of Total Households	Percent by Household Type
Family Households										
Married Couple										
Children less than 18	587,574	556,113	-5.4%	34.7%	44.4%	181,893	165,446	-9.0%	35.2%	43.1%
No children less than 18	614,446	695,345	13.2%	43.4%	55.6%	193,342	218,854	13.2%	46.6%	56.9%
Male Householder										
Children less than 18	34,169	51,412	50.5%	3.2%	56.1%	9,621	15,028	56.2%	3.2%	59.1%
No children less than 18	26,534	40,259	51.7%	2.5%	43.9%	7,069	10,420	47.4%	2.2%	40.9%
Female Householder										
Children less than 18	146,548	160,311	9.4%	10.0%	61.8%	33,625	36,823	9.5%	7.8%	61.2%
No children less than 18	71,080	99,061	39.4%	6.2%	38.2%	17,393	23,361	34.3%	5.0%	38.8%
Total family households	1,480,351	1,602,501	8.3%	100.0%		442,933	469,932	6.1%	100.0%	
Total nonfamily households	585,004	733,805	25.4%			151,003	184,951	22.5%		

Source: U.S. Bureau of the Census.

Exhibit II-9.
Average Household Size by
County, 2000

Legend

- MSA Counties
- Non-MSA Counties

Median income. According to the U.S. Bureau of the Census Supplemental Survey data, the median household income in the State was \$40,552 in 2000. This represents a 41 percent increase from the 1990 Statewide median household income of \$28,797. Median household income is not yet available by county. However, HUD has estimated 2002 median *family* income for each county and some cities in the State. Section IV, Housing Market Analysis, contains the HUD estimated median family income for the State's counties covered by the Consolidated Plan.

SECTION II, PAGE 9

In general, MSAs have higher costs of living than rural areas. Therefore, the higher earnings in MSA counties may not be indicative of a higher level of economic well-being. Howard had the highest average weekly earnings (\$956, or \$49,712 per year) of the MSA counties. Fayette led the non-MSA counties with \$670 in average weekly earnings (\$34,840 per year). Clay had the lowest average weekly earnings (\$439, or \$22,828 per year) of the MSA counties and Brown had the lowest (\$356, or \$18,512 per year) of non-MSA counties.

Exhibit II-10.
Average Weekly
Earnings by County,
March 2000

Note:
MSA counties are in bold.

Source:
Indiana Business Research Center.

*On average, MSA
counties had higher
average weekly earnings
than non-MSA counties.*

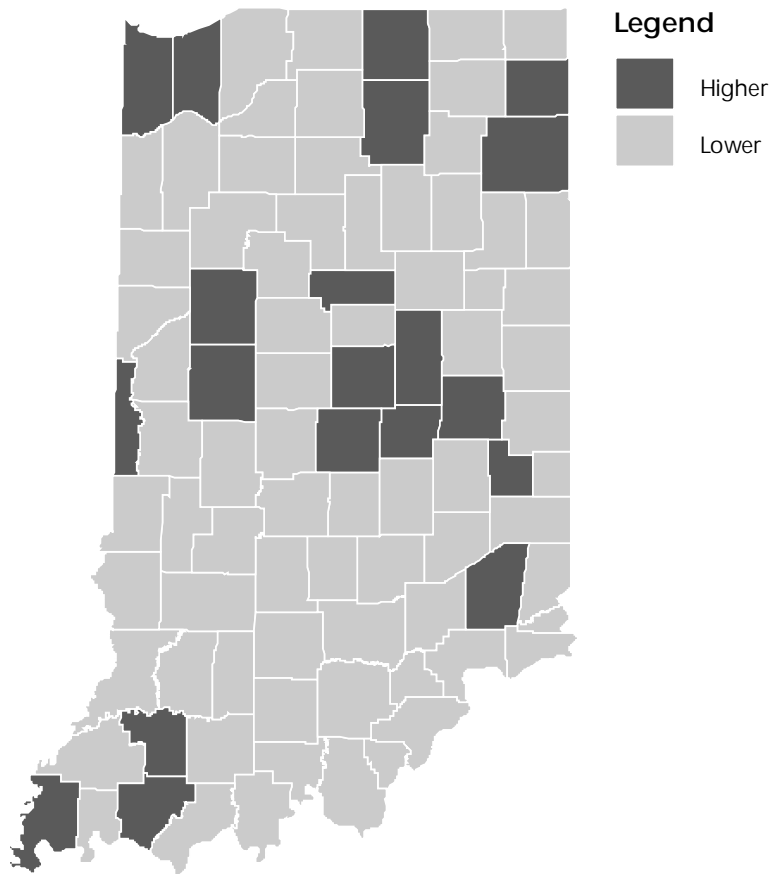
County	Average Weekly Earnings	County	Average Weekly Earnings
Adams	\$490	Madison	\$601
Allen	\$633	Marion	\$723
Bartholomew	\$389	Marshall	\$519
Benton	\$421	Martin	\$475
Blackford	\$472	Miami	\$470
Boone	\$518	Monroe	\$552
Brown	\$356	Montgomery	\$602
Carroll	\$434	Morgan	\$473
Cass	\$475	Newton	\$457
Clark	\$499	Noble	\$526
Clay	\$439	Ohio	\$498
Clinton	\$507	Orange	\$421
Crawford	\$436	Owen	\$432
Daviess	\$413	Parke	\$406
Dearborn	\$507	Perry	\$477
Decatur	\$484	Pike	\$638
DeKalb	\$629	Porter	\$585
Delaware	\$548	Posey	\$709
Dubois	\$513	Pulaski	\$522
Elkhart	\$595	Putnam	\$484
Fayette	\$670	Randolph	\$503
Floyd	\$519	Ripley	\$619
Fountain	\$470	Rush	\$491
Franklin	\$388	Scott	\$447
Fulton	\$458	Shelby	\$559
Gibson	\$518	Spencer	\$576
Grant	\$575	St. Joseph	\$562
Greene	\$432	Starke	\$392
Hamilton	\$724	Steuben	\$497
Hancock	\$666	Sullivan	\$479
Harrison	\$444	Switzerland	\$398
Hendricks	\$526	Tippecanoe	\$633
Henry	\$660	Tipton	\$502
Howard	\$956	Union	\$424
Huntington	\$462	Vanderburgh	\$567
Jackson	\$537	Vermillion	\$937
Jasper	\$495	Vigo	\$505
Jay	\$486	Wabash	\$513
Jefferson	\$503	Warren	\$415
Jennings	\$459	Warrick	\$644
Johnson	\$474	Washington	\$450
Knox	\$449	Wayne	\$505
Kosciusko	\$617	Wells	\$516
LaGrange	\$546	White	\$472
Lake	\$601	Whitley	\$506
La Porte	\$527		
Lawrence	\$574	State of Indiana	\$584

As shown in Exhibit II-11, only 20 counties exceed the Statewide average of \$605. Fourteen of these are MSA counties; six are non-MSA counties. The relatively high average earnings of these 20 counties have the effect of driving up the Statewide average.

Exhibit II-11.
Average Weekly Earnings
Higher or Lower than
Statewide Average, March
2000

Note:
Statewide average is \$605.

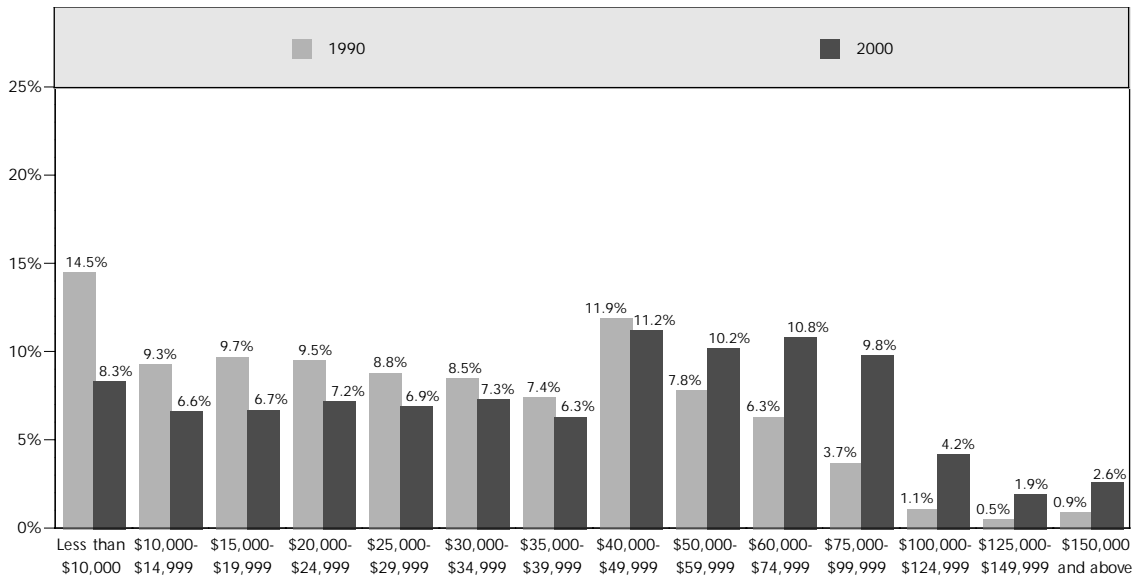
Source:
Indiana Business Research Center.



Income distribution. Exhibit II-12 on the following page shows the distribution of household income in the State in 1990 and estimated for 2000. The percentage of persons in the lower and middle income brackets decreased for all income ranges up to \$40,000. The percentage in the higher income brackets (\$50,000 and greater) grew fairly rapidly during the decade. The largest increase by income bracket occurred in the \$75,000 to \$99,999 range where the number of households with incomes in this range increased by 165 percent between 1990 and 2000.

Exhibit II-12.

Percentage of Households by Income Bracket, State of Indiana, 1990 and 2000



Note: Income is adjusted by inflation.

Source: U.S. Bureau of the Census.

Poverty. Recently released poverty figures from the Indiana Business Research Center indicate that the percentage of persons living in poverty in the State averaged 10 percent during 1998 and 1999. This was almost one percent higher than the average rate of 9.1 percent between 1997 and 1998, and almost 2 percent higher than the average rate of 8.2 percent between 1996 and 1997.

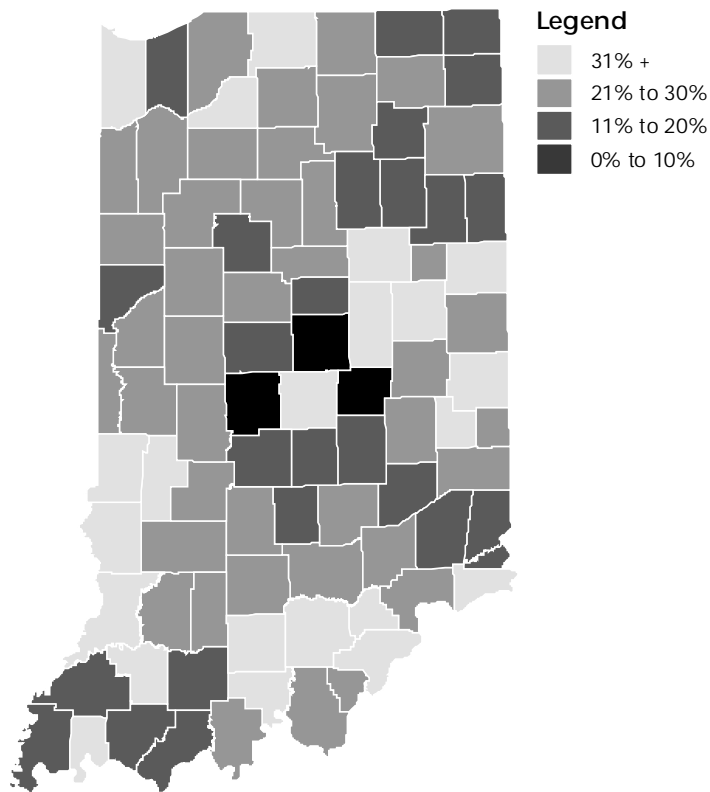
Updated (as of 1998) poverty rates for children and youth were released in December 2001. The average poverty rate for children and youth was 14.1 percent in 1998. The counties with the highest rates of poverty in 1998 included Starke County (20.2 percent), Vigo County (20.1 percent), Knox County (19.9 percent), Grant County (19.7 percent) and Crawford County (19.6 percent).

Although poverty tends to be concentrated in the State's urban areas – 72 percent of the State's poor lived in urban counties in 1998 – it is not exclusively an urban problem. Two-thirds of the counties with poverty rates above the State average in 1998 were non-MSA counties.

Another indicator of the economic health of families in the State is the percentage of families receiving public assistance. Exhibit II-13 shows the percentage of children participating in the school free and reduced cost lunch program as of the 1999/2000 school year.

Exhibit II-13.
Students Participating in
Free and Reduced Cost
Lunch Program by
County, 2000

Source:
Indiana Business Research Center.



An average of 28.3 percent of children in the State participated in the school lunch program in 2000. The county with the highest participation rate was Crawford at 45.9 percent, followed by Marion at 41.8 percent and Vanderburgh at 39.5 percent. About 60 percent of the counties with participation rates higher than the State average were non-MSA counties. However, the majority of the number of students participating in the program were located in urban counties. Indeed, Lake and Marion Counties together contained more than 30 percent of the total school lunch participants in the State.

Similarly, urban counties contained the most participants in the Temporary Assistance to Needy Families (TANF) program in 2000. Lake and Marion Counties made up 46 percent of TANF participants and had the highest rates of program participation. Non-MSA counties averaged .63 percent participation in TANF in 2000, compared to 0.87 percent for MSA counties.

Basic family budgets. A study prepared in 1999 and released in 2001 by the Economic Policy Institute indicated that the average one-parent, two-child family in rural Indiana would have to earn \$26,618 in pre-tax income (\$2,218 monthly) in order to meet all of its expenses. This study made use of basic family budgets, which measure the income a family requires to meet basic needs for a safe and decent standard of living. The family budget differs from the poverty thresholds in that it tabulates the costs of every major budget item a family needs, including housing, child care, health care, food, transportation and taxes.

Exhibit II-14 shows the study's estimated monthly expenses needed for a one-parent, two-child family to maintain a safe and decent standard of living in rural Indiana.

Exhibit II-14.
Basic Monthly Budget:
One-Parent, Two-Child
Family, Rural Indiana, 1999

Source:

Hardships In America: The Real Story of Working Families, Economic Policy Institute, 2001.

<i>Line Item</i>	<i>Monthly Amount</i>	<i>Percent of Total</i>
Housing	\$420	18.9%
Food	\$351	15.8%
Child Care	\$637	28.7%
Transportation	\$197	8.9%
Health Care	\$207	9.3%
Other Necessities	\$239	10.8%
Taxes	<u>\$167</u>	<u>7.5%</u>
Total	\$2,218	100.0%

If the average weekly earnings from Exhibit II-10 are converted into monthly earnings and compared against the above budget, it is found that two out of three non-MSA counties sustain monthly earnings below what is required of a one-parent, two-child family to maintain a safe and decent standard of living in rural Indiana.

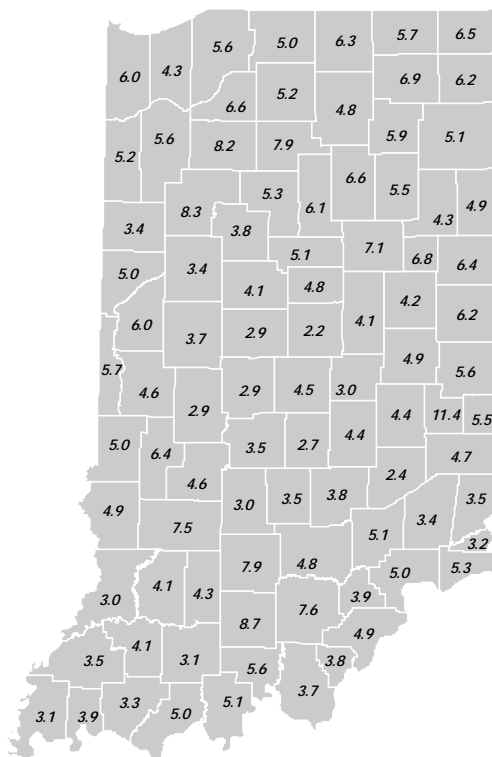
Employment

Unemployment rate and employment characteristics. Exhibit II-15 shows the most recent monthly unemployment rates by county, as reported by the Department of Workforce Development.

Exhibit II-15.
Unemployment Rates by
County, November 2001

Source:

Indiana Department of Workforce Development.



As of November 2001, the average unemployment rate in Indiana was 4.7 percent, up from 3.7 percent in January 2001. The December rate was the highest since March 1996, when unemployment was at 4.8 percent. Unemployment rates have been rising steadily since May 2001, when statewide unemployment hit a low of 3.0 percent. County unemployment rates ranged from a low of 2.2 percent in Hamilton County to a high of 11.4 percent in Fayette County as of November 2001.

Exhibit II-19 lists the counties with unemployment rates below the statewide average of 4.8 percent and those above the statewide average.

***Exhibit II-19.
Indiana Unemployment
Rates By County: Counties
Higher and Lower Than
Statewide Average,
November 2001***

Note:
Statewide average, November 2001 = 4.8 percent.

Source:
Indiana Department of Workforce Development.

<i>Higher Than Statewide Average</i>	<i>Lower Than or Equal to Statewide Average</i>
Adams	Bartholomew
Allen	Benton
Blackford	Boone
Cass	Brown
Clark	Carroll
Clay	Clinton
Crawford	Daviess
DeKalb	Dearborn
Elkhart	Decatur
Fayette	Delaware
Fountain	Dubois
Fulton	Floyd
Grant	Franklin
Greene	Gibson
Henry	Hamilton
Howard	Hancock
Huntington	Harrison
Jasper	Hendricks
Jay	Jackson
Jefferson	Johnson
Jennings	Knox
La Porte	Kosciusko
Lagrange	Madison
Lake	Marion
Lawrence	Martin
Marshall	Monroe
Miami	Montgomery
Newton	Morgan
Noble	Ohio
Orange	Owen

Exhibit II-19. (continued)
Indiana Unemployment Rates By
County: Counties Higher and
Lower Than Statewide Average,
November 2001

Note:

Statewide average, November 2001 = 4.8 percent.

Source:

Indiana Department of Workforce Development.

<i>Higher Than Statewide Average</i>	<i>Lower Than or Equal to Statewide Average</i>
Perry	Parke
Pulaski	Pike
Randolph	Porter
Scott	Posey
St. Joseph	Putnam
Starke	Ripley
Steuben	Rush
Sullivan	Shelby
Switzerland	Spencer
Union	Tippecanoe
Vermillion	Tipton
Vigo	Vanderburgh
Wabash	Warrick
Warren	Wells
Washington	
Wayne	
White	
Whitley	

Employment sectors. Manufacturing remains a major source of employment in Indiana. Indeed, Indiana had the highest percentage of manufacturing jobs and the lowest percentage of service jobs than any of its neighboring states in 1999 and 2000. Estimates of the percentage of total employment that manufacturing represents vary, but are generally between 20 and 24 percent of the total employment. The rapidly growing service sector has recently displaced the manufacturing sector as the state's leader in employment. It is estimated that the service sector (composed of a number of occupations, ranging from food service positions to technical support) currently makes up nearly one-third of total employment in the State.

Exhibit II-20 shows the estimated distribution of occupations by industry in the State as of first quarter 2001.

Exhibit II-20.
Labor Force by Industry,
State of Indiana, 2001

Note:

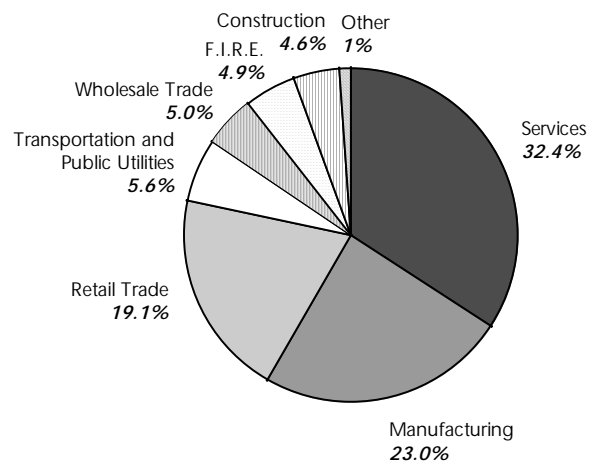
F.I.R.E. is Finance, Insurance, and Real Estate.

Other includes mining and agriculture, forestry and fishing industries.

Source:

Indiana Business Research Center, Indiana Industry Employment and Wages.

The service sector is the State's dominant industry.



Although the services industry holds an employment edge Statewide, the State's 92 counties are evenly split between manufacturing and services in terms of the dominant employing industry. Counties in which manufacturing is the largest employer are located primarily in the northeast to north-central area of the State, along with a cluster of counties in the southern and southeast part of Indiana.

Although manufacturing is the dominant employer in 43 of Indiana's 92 counties, it is the highest paying employer in 61 counties (about two-thirds of the State). For counties heavily dependent on manufacturing, the conversion of manufacturing to the lower paying service sector-based economies could mean a decline in earnings. It should be noted that the fast-growing services sector is a very diverse category, and occupations can range from high-paying health services professionals (e.g., doctors, medical) to those employed in the social services and foodservices industries, who earn substantially lower wages. In general, however, wages in the service sector are lower than those in the manufacturing sector.

Economic Forecast

Population growth. Growth rates are expected to slow slightly during the early part of the decade. Population growth projections released by the Indiana Business Research Center indicate that Statewide growth between 2000 and 2005 is projected to be .57 percent per year, for a total growth of 2.8 percent. This is about 65 percent of the average rate experienced between 1990 and 2000. Between 2005 and 2010, the growth rate is expected to decrease to .33 percent per year, for total growth of 1.66 percent. By 2020, the State is projected to have 6.5 million people, or approximately 500,000 more than in 2000.

Population growth in non-MSA counties is expected to be similar to growth for the State. Total population in non-MSA counties is projected to increase about .42 percent per year, to reach 1.8 million persons by 2010. Given these trends, the percentage of the State's population residing in non-MSA counties is expected to continue to be at or around 30 percent.

The counties with the highest predicted growth during the next five years include Hamilton, Hendricks, Dearborn, Johnson and Switzerland – all with estimated growth rates greater than 7 percent. Almost 60 percent of the counties with predicted population growth that is higher than the State average are non-MSA counties; these counties are concentrated in the northeast and south central parts of the State. The counties that are expected to experience the largest population losses in the next five years include Martin, Delaware, Blackford, Grant and Vigo.

Population characteristics. The median age in the State is expected to reach 36 in 2010, compared with 35 currently. During the next five to ten years, population growth is expected to be extremely strong for those over 60 years of age. Growth is also expected to be significant for population groups between 40 and 60 years old. Declines in population are expected to continue for the age cohorts between 20 and 35 years old.

Racial and ethnic diversity in the State is expected to increase very slightly during the next five to ten years. Minority populations are projected to make up 11 percent of the State's population by 2010, compared to 10 percent in 2000.

The percentage of households that consists of married couples (with and without children) is expected to stay about the same during the next five to ten years. Households made up of single males and females are projected to be the fastest growing household types. Female headed households are expected to continue to be the majority of single parent households.

Income and employment. The State's employment and income growth during the next five and ten years will depend on a number of factors, including the condition of the national economy and the State's ability to deflect recessionary pressures. Income growth is unlikely to be as strong between 2000 and 2005 as it was in the past five years, due to the weak economic start of the current decade. However, the Indiana Business Research Center expects the State to fare better during the current recession than it has in the past because of its relative economic diversity. Despite this observation, the IBRC believes that employment in the State could fall by as many as 90,000 jobs and the unemployment rate could average over 6 percent in 2002.

SECTION III.

Housing and Community Development Needs

SECTION III.

Housing and Community Development Needs

Introduction

This section discusses the State's housing and community development needs, as identified by citizens through surveys, public forums, and public comments. This section satisfies the requirements of Sections 91.305, 91.310, and 91.315 of the State Government's Consolidated Plan Regulations.

This section includes information on housing and community development conditions and needs throughout the State gathered through a community survey and public forums. A more comprehensive market analysis for the state and a discussion of the challenges of housing special needs groups are found in the Housing Market Analysis and Special Needs sections of the report.

Background on primary data sources. The qualitative housing and community development priorities were obtained from two sources: regional forums and a key person survey.

During early March 2002, 187 citizens and representatives from nonprofits and local governments attended regional forums to discuss and prioritize the housing and community development needs in their communities. The attendees completed a number of exercises where they discussed community needs, learned of available resources to meet their needs, and identified remaining gaps.

In February 2002, 3,022 community surveys were distributed to local government leaders, providers of housing, health, and other community services, members of housing and community coalitions, and other interested parties. A total of 407 surveys were received, representing 90 of the state's 92 counties. The response rate was 14 percent, which is very high for this type of survey. About 30 percent of the survey respondents represented local governments in the State, 13 percent were housing providers, 10 percent were social service providers, and the remaining respondents represented other types of organizations (e.g., advocacy, health care providers).

Regional Forums

To gather public input into the Consolidated Planning process, six public forums were held throughout the State in March 2002. The forums were regionally distributed, with two in the northern, two in the southern, and two in the central part of the State. The forums lasted approximately two hours. All sites where the forums were held were accessible to persons with disabilities.

The primary purpose of the forums was to provide Indiana residents the opportunity to voice their opinions about the greatest housing and community needs in their communities. A secondary purpose was to distribute information about the four HUD grants and eligible activities to citizens

and representatives of organizations. More than 3,000 brochures were distributed to citizens and organizations throughout the State to announce the forums; approximately 350 of the distributed brochures were in Spanish.

Forum participants. The statewide forums were very successful this year. Together, the six forums had 187 participants, representing 119 local and state agency representatives and 47 concerned citizens. This compares to 2001 totals of 129 participants, representing 89 agencies and 21 citizens. Attendance by agency representatives increased by 30 individuals this year; attendance by citizens increased by 28 individuals. The majority of this year's forums had more attendees than the largest forum in 2001.

The breakdown of participants by site and participant type is provided in Exhibit III-1 below.

Exhibit III-1.
Forum Participants

<i>Regional Site</i>	<i>Agency Reps</i>	<i>Number of Agencies Represented</i>	<i>Concerned Citizens</i>	<i>Total Participants</i>
Covington	7	6	10	17
Jeffersonville	35	31	24	59
Plymouth	31	29	1	32
Princeton	19	12	3	22
Richmond	35	31	6	41
Warren	<u>13</u>	<u>10</u>	<u>3</u>	<u>16</u>
Total	140	119	47	187

Each year the forum process is revised in an attempt to increase the participation and diversity of attendees. Although the increase in total attendees was encouraging, of more significance was the diversity and number of organizations represented in this year's forums. Sign-in sheets from the forums show the attendance of mayors, county and city commissioners, planning commission members, a town council president, public housing representatives, a town controller, the president of the Indiana Association of Cities and Towns, as well as a number of citizens representing Indiana's special needs populations.

Forum process. The forums began with introductions by all participants and attending agencies. Forum participants were then divided into groups of six to eight. The groups were organized to comprise a diversity of members from different agencies, city representatives, concerned citizens and a crosssection of locations.

Participants completed two exercises during the forums. The first activity was designed to gather information on top community issues. The groups worked together to complete a worksheet that listed top community needs. Following this exercise, representatives from the three State agencies that administer the four HUD grants made brief presentations about their agency programs, eligible housing and community development activities and contact information. A presentation was also given by the Indiana Civil Rights Commission on fair housing.

Following the presentations, the groups completed a second exercise. The groups were asked to compare their community needs with the State programs available and identify gaps. That is, the groups were asked to answer the question, “What programs are needed to address your community’s issues?”

Findings from forums. The responses received from forum participants were developed into a list of community issues that were tabulated according to the number of times they occurred in the forums. Exhibit III-2 below shows the eleven community issues considered as top concerns at more than half of the forums. As indicated by an asterisk in Exhibit 2 below, more than half of the top community issues were also identified in the 2001 forums.

***Exhibit III-2.
2002 Top Community
Issues Identified in Forums***

Note:

* Represents top issues also listed in 2001.

Source:

The Keys Group, 2002.

<i>Top Community Issues</i>
Increased shelter funding*
Licensed day care affordable to low income families *
Emergency housing*
Rental assistance*
High cost of infrastructure (e.g., roads, sewers, storm water, water treatment)
Public transportation in smaller communities to jobs and services, inter and intra*
Homeownership counseling
Traditional housing construction in all areas*
Affordable quality housing
Emergency housing construction in all areas*
Emergency shelter insufficient/relieve overcrowding*

Participants at all six forums expressed an interest in priority spending on homelessness, and some attendees suggested that additional dollars should be appropriated from HOME and other State funds. A number of forum participants suggested that the State is in need of additional resources and facilities to house the homeless, especially in emergency housing. Day care for low-income families remained an issue throughout the State. The primary concerns regarding day care are the availability, cost, and offering of care during all work shifts.

Specific community issues. The forum exercises provided the opportunity for participants to identify their needs in five broad areas: community development/infrastructure, housing, economic development/workforce, special needs housing and fair housing. Groups were asked to provide their top concerns in each area and to determine program gaps. The following provides a discussion of their top issues by area.

Top Issues: Community Development/Infrastructure. There were five community development/ infrastructure issues mentioned by a majority of the forum participants. Exhibit III-3 on the following page shows these top issues. This year, the cost of public infrastructure was a top issue at four of the six forums. Day care and transportation remained top issues from last year.

Exhibit III-3.
Community Development/Infrastructure Top Issues

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
Licensed affordable day care for low income families to include infants and for all shifts	5	JRPWC
High cost of infrastructure (e.g., roads, sewers, storm water, water treatment)	4	JRPW
Public transportation in smaller communities to jobs and services, inter and intra	4	RPCJ
Health care	3	RPrW
Sewer, clean water and alternative water treatment	3	JPC
Downtown revitalization	3	PWC

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Top Issues: Housing. Participants called for an increase in funds from the HOME program to meet their communities' needs for emergency shelters. This varied greatly from last year's forums where the consensus was for more money to be allocated to other housing initiatives. There was also significant support this year for homeownership counseling programs to assist those wanting to become homeowners. In addition, construction of very low to moderate income single family housing was mentioned at several forums this year. Most forum participants believe that additional construction of transitional housing for the homeless is also needed. Exhibit III-4 shows the top housing issues mentioned at the 2002 forums.

Exhibit III-4.
Housing Top Issues

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
More funding for emergency shelters	6	JPPrCR
Homeownership counseling	4	JPRPr
Transitional housing construction	4	JCWP
Affordable, quality housing (current cost of housing prohibitive)	4	RPrJP
Emergency housing construction	4	JCWP
Homeownership program	3	JPrP
Rental subsidies	3	J Pr P
Housing under HUD/Section 8	3	RJC

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Top Issues: Economic Development/Workforce. Participants attending the forums maintain that the recruitment and retention of higher paying jobs is of top priority to their communities. Some forum groups mentioned that the greatest need is for jobs with benefits; others suggested that a minimum living wage should be established. There was also an emphasis on training and education of the workforce. Exhibit III-5 on the following page displays the top economic development/workforce issues identified in the 2002 forums.

Exhibit III-5.
Economic Development/Workforce Top Issues

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
Jobs opportunities with benefits, that pay a living wage	4	JRWC
Jobs paying minimum of \$8	3	RWC
Job training/information/education/placement	3	JRPr
Job training/skilled workforce training	3	CPW

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Top Issues: Special Needs Housing. Funding for the homeless continues to be a top priority. Most agency representatives in attendance agreed that providing housing for persons with special needs requires a holistic approach (e.g., brick and mortar in addition to social service intervention). As shown in Exhibit III-6 below, transitional housing was considered a top priority at all six of the forums. Assistance with rents and utilities was also of great concern and a high priority for many forums attendees.

Exhibit III-6.
Special Needs Top Issues

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
Transitional housing	6	J R P Pr W C
Rental assistance (rent and utility assistance)	5	J Pr C P W
Emergency shelter insufficient (relieve overcrowding)	4	J R P W
Homeowner loss prevention and income assistance	3	J P C

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Top Issues: Fair Housing. Discrimination was a significant concern of many of those attending the forums. Comments varied from needing more fair housing regulations to requesting more information and education about fair housing in Indiana. Discrimination against persons with disabilities, persons with mental illnesses, large families, and women with children were of the most concern.

Program gaps. Exhibit III-7 on the following page shows the program gaps most often mentioned by forum participants this year.

Exhibit III-7.
Program Gaps

Need for youth housing programs (for 18 -21 year-olds) and transitional housing programs
New entitlement program for medium-size cities; establish a method to ensure equitable distribution of funds by population.
Statewide economic job readiness program for small cities and towns to include business attractions, vocation at rehabilitation services, job training, job retention, and transportation services for workers
Statewide program to provide alternative transportation methods for small towns and cities
Training program for research and grant writing
Rent-to-own program
Construction of Life Long Learning Centers
Tenant-based rental assistance program for persons who are mentally ill
Lead based paint training program

Source: The Keys Group, Regional Forums, 2002.

As the above exhibit shows, there were various program gaps mentioned by forum participants. A statewide jobs program to include some form of job retention, attraction, training and readiness activities accessible to small towns was of major need cited by participants at most of the forums. The need to provide housing for young adults (youth aged 18-21) who are homeless was also identified as a gap at three of the forums. The call for construction of Life Long Learning Centers and a medium sized city entitlement program were regional concerns. Participants during the Richmond forum were consistent in their pursuit to encourage state officials to consider a new way to appropriate CDBG funds. At another forum, one group insisted that Life Long Learning Centers would resolve job, education and community issues throughout the State. Other gaps listed include activities already covered under existing programs.

Additional concerns. There were comments by participant groups that were neither significant issues nor gaps but were listed numerous times. These comments included the reduction of paperwork, less red tape in the grant process, an increase in State support for programs and the sponsorship of a bill to increase the minimum wage. The following tables (Exhibits III-8 through III-12) list all of the housing and community development needs identified by participants in the 2002 regional forums. The issues are listed in descending order by the number of forums in which they were mentioned.

Exhibit III-8.
Top Issues for Community Infrastructure

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
Affordable day care for low income families (licensed) to include infants, and for all shifts	5	J R P W C
Infrastructure high cost (e.g. roads, sewers, storm water, water treatment)	4	J R P W
Public transportation in smaller communities inter and intra (to jobs and services)	4	R P C J
Healthcare	3	R Pr W
Sewer, clean water and alternative water treatment for communities	3	J P C
Water system - fresh and quality	2	P C
Senior Citizen Community Facility	2	P C
Fire protection	2	C J
Infrastructure funds to support adequate new or repair of old	2	P C
Elder care	2	J Pr
Affordable after school care services	1	P
Grant flexibility	1	P
Sewage treatment for small communities	1	P
Funds for construction of new roads	1	P
Infrastructure age	1	P
High cost of land development	1	P
Utility costs	1	P
Lead based program - cost and procedures	1	P
Code enforcement and protection - proactive	1	P
Support of sewage, water facilities, fire department, and city facilities is too great	1	P
Domestic violence and substance abuse issues for women	1	P
Education	1	P
Plan Commission needs to be educated on the impact of its decisions	1	P
Community Planning Grants increased	1	P
Retention of small businesses (hard to stay in business)	1	W
Group homes for mentally ill & more therapy centers	1	W
Need access to information on where to find help	1	W
Landlord laws	1	W
Child care facilities	1	R
Flood zone rebuilt	1	R
Scattered community services	1	J
Increase eligibility requirements for childcare (raise income limits)	1	J
Increase community capacity	1	J
Collaboration of bus and taxi services	1	J
Access to mental health services	1	J
Access to domestic violence services	1	J
Sewer lines for new low income housing	1	J
Higher education counseling	1	J
Services for the mentally ill	1	J
Community education programs	1	J
Senior assisted living facility (increase of funding)	1	P
Government program subsidy program for single disabled adults	1	J
Better agency communication	1	R
Bike trail	1	R
Community dental center	1	Pr
Boys Club, Girls Inc., YMCA, YWCA	1	R
Sidewalks	1	R
Foster care facility	1	R
Recycling	1	J
Social service assistance	1	W

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Exhibit III-9.
Top Issues for Housing

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
More funding for shelters	6	J P Pr C R
Homeownership counseling	4	J P R Pr
Transitional housing construction in all areas	4	J C W P
Affordable quality housing (current cost of housing is prohibitive)	4	R Pr J P
Emergency housing construction in all areas	4	J C W P
Homeownership Program	3	J Pr P
Rent subsidies assistance	3	J Pr P
Housing under HUD/Section 8	3	R J C
Rental assistance for transitional housing	2	C P
Migrant/seasonal worker housing	2	C P
Owner occupied rehabilitation	2	Pr P
Absentee landlords (slum land lords)	2	Pr J
Down payment assistance	2	Pr P
Time it takes to get housing assistance	1	C
Housing construction increase for special populations in need	1	P
Holistic approach to housing issues	1	P
Need more case management services	1	P
Credit/rental history	1	P
Code enforcement	1	P
Housing (subsidized)	1	C
Housing construction increase for large families	1	C
Housing for homeless to allow a couple to live together	1	C
Better housing	1	C
Permanent housing construction increase	1	W
Waiting list to long for subsidized housing	1	W
Young adult housing (18-21)	1	W
Section 8 issues with drug offenders	1	W
Hispanic/Mexican population increase, & how to integrate into the community	1	P
State regulations that limit funds for emergency shelter facilities	1	P
Public assistance for low income renters	1	C
Deteriorating housing	1	P
Rents high	1	P
Section 8 assistance increase	1	C
Finding a bank to finance you is difficult	1	P
Supportive services for housing is needed	1	P
Housing and subsidies for mentally ill	1	P
Rental development	1	P
Rental mixed income subsidies	1	P
Senior housing subsidies	1	P
Housing and subsidies for mentally ill	1	P
Acquisition and rehabilitation costs	1	P
Homeless shelter construction increase	1	C
Senior renter assistance	1	W
Incentives to contractors to build accessible housing for the physically disabled	1	J
More Section 8 vouchers (to include singles)	1	J
Education emphasis on the purchase and maintenance of a home	1	R
Shelter guide	1	J
Housing communities with mixed use incomes	1	P
Rent to own program	1	J
Safe housing for kids	1	J

Exhibit III-9. (continued)
Top Issues for Housing

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue was a Top Concern</i>
Limited programs for elderly	1	J
Less red tape related to housing applications	1	J
More one bedroom apartments	1	J
More very low income rental units	1	J
Housing options for the disabled	1	J
More housing for persons with AIDS	1	J
Better communication between housing agencies	1	J
Rental and home insurance	1	J
Housing programs connected to resources	1	J
Moderate income housing increase	1	J
Affordable housing for farm workers	1	J
Modification for the disabled	1	J
Low interest housing loans	1	J
Faith based funding	1	R
Tax abatement to motivate landlords to do improvement	1	R
Development/construction/housing seed money needed	1	P
Rental units inadequate	1	P
Elderly housing	1	R
Bank and community partnership	1	Pr
Land purchase funds	1	Pr
Seasonal housing	1	Pr

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Exhibit III-10.
Top Issues for Economic Development/Workforce

<i>Top Issues</i>	<i>Forums where issue was a top concern</i>	<i>Number of times issues were a top concern</i>
Jobs opportunities with futures and benefits (and a higher pay range) Living wage	4	J R W C
Jobs paying minimum of \$8 (low paying jobs)	3	R W C
Job training/info/education/placement	3	J R Pr
Job training dollars (skilled workforce training)	3	C P W
Downtown revitalization	3	P W C
Jobs and incentives to hire the disabled	2	J C
Job training programs on the job for high tech	2	J P
Job and people resource loss in Indiana	2	J P
Vocation opportunities - need more support to reach a larger number of low income people	2	P W
GED programs for disabled and others	2	J Pr
Small business start-up dollars	1	C
Employers taking advantage of non-English speaking Hispanics	1	P
Steel mills closing leaving workers with few skills unemployed (what will they do?)	1	P
Job retention/industry retention	1	C
Incentives for skilled workers to come to Indiana	1	P
Independent living skills	1	W
Americorp and Vista need to be better utilized	1	P
Industry and business attraction of high-wage jobs (including high tech)	1	P
Diversification of industry base	1	P
Living wage ordinance, or support by industry to pay living wage	1	P
Jobs for 18-21 year olds	1	W
Property cost for development	1	P
Training work resources need to be aligned	1	W
Gendered jobs - men do not want to do women's work	1	W
Residents leave community to go to work elsewhere	1	W
Part-time jobs with no benefits	1	P
Information resources	1	C
GED for mentally ill	1	C
Flexible work hours	1	C
Work opportunities for at-risk population	1	C
Job coaching	1	R
Economic stabilizers in community shutting down	1	P
One stop job centers	1	J
Job creation emphasis in counties	1	J
Enhanced connection between business and education	1	J
Intern/apprenticeship programs increased	1	J
Work release programs	1	R
Programs to get people off welfare	1	R
Small business incubator	1	R
Revolving loan fund	1	R
Job retention efforts heightened	1	Pr
Summer youth programs	1	J
Industrial growth and support in smaller communities	1	P

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Exhibit III-11.
Top Issues for Special Needs Housing

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
Emergency housing	5	J R P C Pr
Rental assistance (to include 1 st month and utility assistance)	5	J Pr C P W
Insufficient number of emergency shelters (relieve overcrowding)	4	J R P W
Homeowner loss prevention and income assistance	3	J P C
Transitional housing insufficient	3	J R P
Transitional housing case management	2	J R
Homeless prevention/education	2	J C
Domestic violence shelters	2	J W
Youth shelters	2	J R
SRO for men	2	J Pr
Emergency funds to agencies to assist at-risk population and homeless	2	W C
Domestic violence funding	2	R J
Operation funds for shelters	1	P
Emergency funds for food	1	P
Transitional housing and outreach programs for older teenagers	1	P
Emergency assistance increased	1	C
Additional funds for services more than brick and mortar	1	P
Homeless prevention services	1	W
Landlords should take responsibility for decent housing	1	W
Apartment complex for mentally ill	1	C
Rental assistance for mentally ill and disadvantaged	1	P
Supportive services at a shelter	1	C
Small cities dumping homeless in cities for support	1	P
Housing for people who are coming out of at-risk situations	1	J
HOPWA funds increased	1	Pr
Emergency assistance funding	1	J
Additional legal aid	1	R
More pro bono work	1	R
Homeless addiction and recovery center	1	R
Migration of homeless to urban cities for facilities that are not offered in home city	1	P
Day activities for homeless increased	1	R
Waiting list reduced to 90 days	1	P

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Exhibit III-12.
Top Issues for Fair Housing

<i>Top Issues</i>	<i>Number of Times Issues Were a Top Concern</i>	<i>Forums Where Issue Was a Top Concern</i>
Discrimination against those with a disability, mental illness, large families, & women with children	3	W C P
Education	2	J P
Sexual orientation discrimination	2	J R
Hispanic immigrants moving into smaller cities	2	J R
Large family housing and bedroom requirements	2	W C
Predatory lending	1	P
Barriers for minorities to secure adequate housing (language and fear of reprisal by INS)	1	P
Shelter discrimination against single men	1	J
Domestic violence victims held responsible (perpetrator & evicted)	1	J
Discriminated against because housing targeted at Christian Caucasians for College	1	P
Contractor incentives to build accessible housing for disabled	1	J
Information on who to contact	1	J
Regulation to ensure living in quality housing	1	J
Language discrimination	1	R
AIDS discrimination	1	R
Large family discrimination	1	R
Socio-economic discrimination	1	R
Race discrimination	1	R
Group home location discrimination	1	R
Discrimination of Hispanics in housing and employment	1	P
False reporting of availability of housing	1	J

Note: Site locations are indicated by the first letter of the City name (e.g., C = Covington, J = Jeffersonville, Pr = Princeton, R = Richmond, W = Warren, P = Plymouth).

Source: The Keys Group, Regional Forums, 2002.

Community Survey

In February 2002, 3,022 surveys were distributed to local government officials, community leaders, housing providers, economic development professionals, social service organizations, and others. The surveys asked respondents a number of questions about housing and community development needs, including fair housing accessibility, in their communities. (A copy of the survey is located in Appendix C). A total of 407 surveys were returned, for a response rate of 14 percent.¹ This response rate is excellent considering the survey's comprehensiveness and wide distribution.

Demographics of survey respondents. Surveys were received from 90 of the 92 counties in Indiana. Exhibit III-13 on the following page shows the distribution of the various types of organizations from which surveys were received. As the Exhibit shows, a wide variety of types of organizations were represented in the survey data.

¹ This rate accounts for surveys that were returned because of bad addresses.

Exhibit III-13.
Distribution of Respondents
by Type of Organization

Source:
 Community Survey, Indiana Consolidated
 Plan, 2002.

Type of Organization	Percent of Responses
Local government	29.1%
Housing provider	12.8%
Other	11.5%
Social service provider	9.6%
Economic or community development	9.1%
Advocacy/education	6.5%
Homeless shelter	4.5%
Senior housing provider	2.6%
Citizen	2.2%
Employment/training provider	2.2%
Health care provider	2.2%
Senior center	1.7%
Property manager	1.7%
Day care (adult and child)	1.7%
Group home	1.7%
Financial institution/lender	0.4%
Legal assistance	0.4%

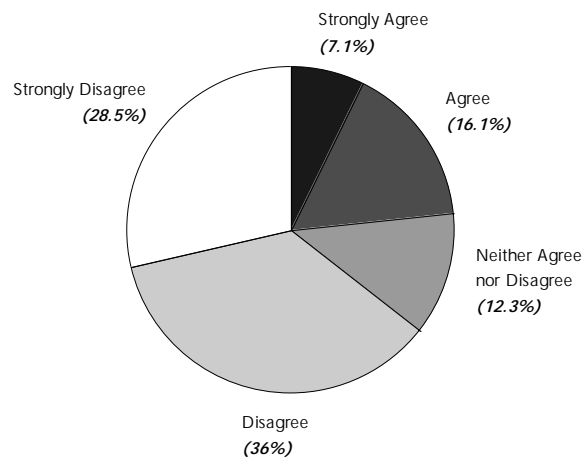
The following sections discuss the survey responses by topic area, including housing inventory and quality, housing affordability, special needs housing, fair housing, and community development.

Housing Inventory and Quality

Respondents were asked a number of questions about the supply and condition of the housing in their communities. As shown in Exhibit III-14 below, 65 percent of respondents felt that there was not enough housing in their communities to meet their needs.

Exhibit III-14.
There is Enough Housing in This
Community to Meet Demand

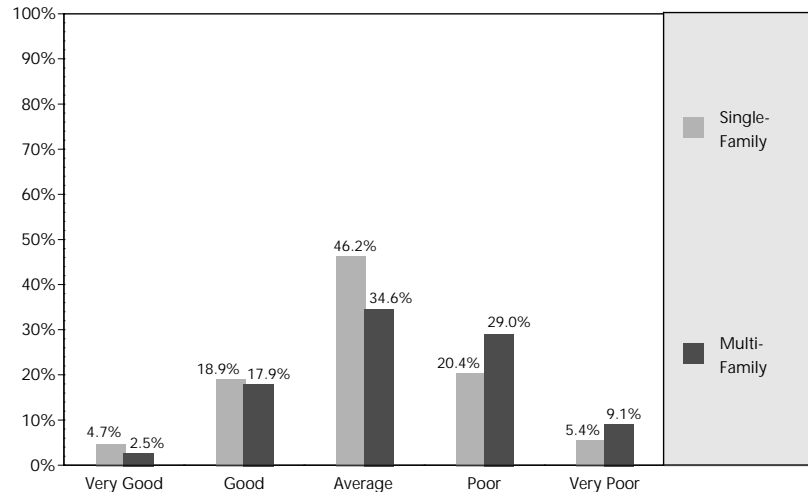
Source:
 Community Survey, Indiana Consolidated Plan, 2002.



Respondents were also asked to rate the quality of their community's single family and multifamily housing stock. Exhibit III-15 on the following page shows how respondents rated the condition of the housing stock in their communities.

Exhibit III-15.
Condition of Single Family
and Multifamily Housing

Source:
 Community Survey, Indiana Consolidated
 Plan, 2002.



As shown above, multifamily housing stock was rated as being in worse condition than single family housing stock. Indeed, 38 percent of respondents said that the quality of their community's multifamily housing stock was in very poor or poor condition.

The percentage of housing units in a community that are overcrowded is a common indicator of housing condition. Thirty-three percent of respondents agreed with the statement, "Many dwelling units in this community are overcrowded."

The results indicate that the majority of communities do not have adequate housing to meet demand. The condition of housing stock, particularly rental units, is a concern in many communities.

Housing Affordability

Nearly three in four survey respondents disagreed with the statement "There is enough affordable single family and rental housing in this community." Only 15 percent of respondents felt that there is adequate affordable housing.

Despite concern about the condition of housing in their communities, most respondents felt that homeowners in their communities could afford to make minor repairs (51 percent of respondents agreed; 19 percent disagreed; 30 percent neither agreed nor disagreed). In contrast, 51 percent of respondents *disagreed* with the statement "Renters in this community can get landlords to make needed repairs." The survey results suggest that the respondents' concerns about housing conditions are mostly related to rental properties.

The survey also asked respondents to estimate the average rents for various apartments in their communities and the average price for a single family "starter" home. Exhibit III-16 on the following page shows the average rent lows and highs statewide, by unit type.

Exhibit III-16.
Average Low and High Estimates of Rents

Source:
Community Survey, Indiana Consolidated Plan, 2002.

	<i>Low</i>	<i>High</i>
Studio/Efficiency	\$335	\$368
1 Bedroom	\$379	\$427
2 Bedroom	\$456	\$518
3 Bedroom	\$555	\$621
4+ Bedroom	\$660	\$731

The average price of a single family “starter” home was estimated by respondents to be \$70,948.

Exhibit III-17 below and III-18 on the following page shows the low and high ends of the ranges given by respondents for two-bedroom apartment rents and “starter” home prices, by county.

Exhibit III-17.
Estimated Low and High Two-Bedroom Rents, by County, February 2002

<i>County</i>	<i>Low</i>	<i>High</i>	<i>County</i>	<i>Low</i>	<i>High</i>
Adams	\$350	\$350	Lake	\$561	\$580
Allen	\$472	\$538	Lawrence	\$310	\$360
Bartholomew	\$625	\$692	Madison	\$425	\$433
Benton	\$625	\$625	Marion	\$548	\$663
Blackford	\$333	\$443	Marshall	\$400	\$456
Boone	\$600	\$600	Martin	\$300	\$400
Carroll	\$500	\$500	Miami	\$500	\$500
Cass	\$367	\$400	Monroe	\$675	\$869
Clark	\$550	\$550	Montgomery	\$463	\$500
Clay	\$400	\$450	Noble	\$384	\$401
Clinton	\$444	\$469	Ohio	\$625	\$625
Crawford	\$350	\$442	Orange	\$438	\$438
Dearborn	\$507	\$573	Owen	\$400	\$450
Decatur	\$575	\$575	Parke	\$450	\$500
DeKalb	\$450	\$675	Perry	\$350	\$350
Delaware	\$453	\$512	Porter	\$554	\$704
Dubois	\$379	\$419	Posey	\$433	\$500
Elkhart	\$540	\$582	Pulaski	\$325	\$412
Fayette	\$413	\$475	Putnam	\$450	\$483
Floyd	\$500	\$550	Randolph	\$320	\$337
Fulton	\$308	\$392	Ripley	\$450	\$450
Gibson	\$350	\$350	Rush	\$450	\$450
Grant	\$350	\$500	Scott	\$433	\$500
Greene	\$275	\$300	Shelby	\$575	\$625
Hamilton	\$625	\$625	St. Joseph	\$497	\$600
Hancock	\$488	\$625	Starke	\$600	\$600
Harrison	\$458	\$508	Steuben	\$575	\$575
Henry	\$483	\$517	Sullivan	\$425	\$425
Howard	\$450	\$450	Tippecanoe	\$550	\$560
Huntington	\$450	\$450	Tipton	\$590	\$590
Jackson	\$300	\$350	Vanderburgh	\$547	\$557
Jasper	\$467	\$500	Vermillion	\$400	\$490
Jay	\$356	\$356	Wabash	\$428	\$434
Jefferson	\$450	\$505	Warren	\$388	\$400
Jennings	\$500	\$500	Warrick	\$401	\$451
Knox	\$319	\$369	Wayne	\$412	\$472
Kosciuscko	\$550	\$683	Wells	\$375	\$650
La Porte	\$425	\$505	White	\$600	\$600
LaGrange	\$400	\$600	Whitley	\$460	\$680

Source: Community Survey, Indiana Consolidated Plan, 2002.

Exhibit III-18.

Estimated Starter Single Family Home Prices, by County, February 2002

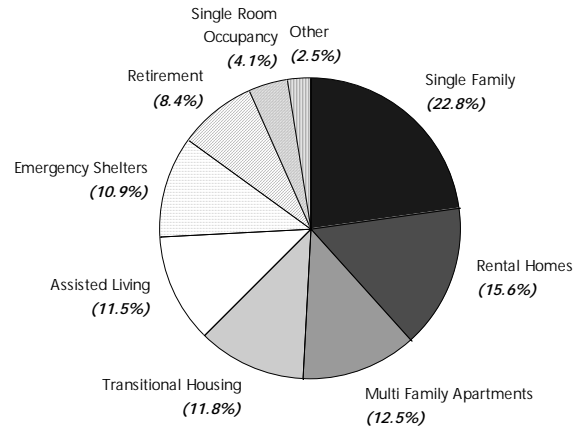
<i>County</i>	<i>Single-Family Home Prices</i>	<i>County</i>	<i>Single-Family Home Prices</i>
Adams	\$50,000	Lawrence	\$60,000
Allen	\$67,500	Madison	\$56,071
Bartholomew	\$95,000	Marion	\$72,473
Benton	\$78,000	Marshall	\$79,750
Carroll	\$65,000	Martin	\$70,000
Cass	\$44,875	Miami	\$32,500
Clark	\$83,333	Monroe	\$85,000
Clay	\$70,000	Montgomery	\$66,000
Clinton	\$73,250	Noble	\$65,000
Crawford	\$63,333	Ohio	\$85,000
Daviess	\$50,000	Orange	\$70,000
Dearborn	\$93,333	Owen	\$68,333
Decatur	\$65,000	Parke	\$47,500
DeKalb	\$79,375	Perry	\$90,000
Delaware	\$61,786	Posey	\$61,333
Dubois	\$78,400	Pulaski	\$65,000
Elkhart	\$82,778	Putnam	\$74,000
Fayette	\$62,500	Randolph	\$65,000
Floyd	\$75,000	Ripley	\$45,000
Fountain	\$50,000	Rush	\$70,000
Fulton	\$43,750	Scott	\$69,167
Gibson	\$31,667	Shelby	\$88,750
Grant	\$45,000	Spencer	\$48,333
Greene	\$32,500	St. Joseph	\$68,278
Hamilton	\$87,500	Steuben	\$61,666
Harrison	\$62,500	Sullivan	\$40,000
Hendricks	\$82,500	Tippecanoe	\$84,375
Henry	\$65,000	Union	\$45,000
Howard	\$55,000	Vanderburgh	\$73,333
Huntington	\$75,000	Vermillion	\$65,000
Jackson	\$58,750	Vigo	\$45,000
Jasper	\$73,750	Wabash	\$50,000
Jay	\$47,000	Warren	\$71,500
Jefferson	\$71,250	Warrick	\$72,500
Johnson	\$74,000	Wayne	\$64,167
Knox	\$37,000	Wells	\$72,500
Kosciuscko	\$70,625	White	\$80,000
La Porte	\$62,571	Whitley	\$81,250
LaGrange	\$60,000		

Source: Community Survey, Indiana Consolidated Plan, 2002.

Survey respondents were asked what housing types are needed most in their communities. Exhibit III-19 on the following page shows the types of housing respondents believe are needed the most.

Exhibit III-19.
Most Needed Housing Types

Source:
 Community Survey, Indiana Consolidated Plan, 2002.



Exhibits III-20 and III-21 show responses to questions that asked about the need for new construction and rehabilitation. The survey suggests a slightly higher need for rehabilitation.

Exhibit III-20.
"My Community Needs to Add Housing Through New Construction"

Source:
 Community Survey, Indiana Consolidated Plan, 2002.

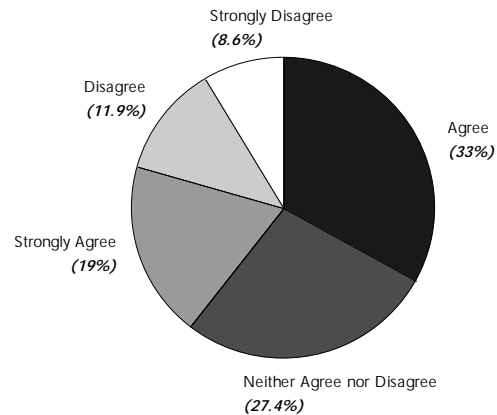
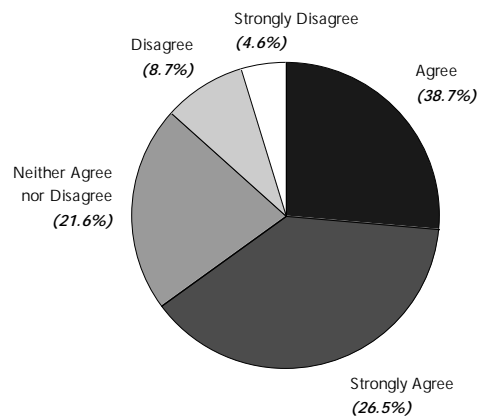


Exhibit III-21.
"My Community Needs to Add Housing Through Rehabilitation of Existing Structures"

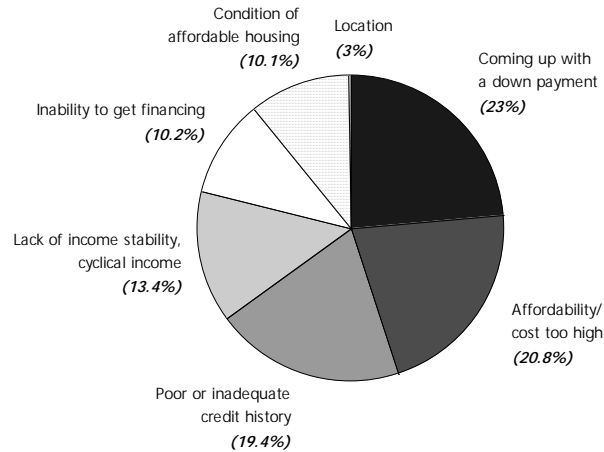
Source:
 Community Survey, Indiana Consolidated Plan, 2002.



When asked about the greatest impediment to owning a home, respondents emphasized the challenges of coming up with a down payment, poor credit history and housing prices. Exhibit III-22 shows the impediments to homeownership identified by survey respondents.

Exhibit III-22.
Greatest Impediments to Homeownership

Source:
Community Survey, Indiana Consolidated Plan, 2002.

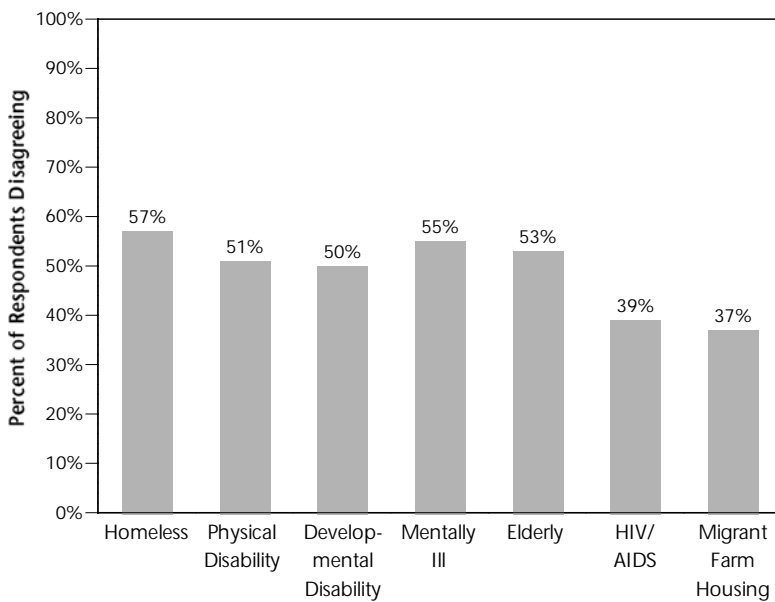


Special Needs Housing

Respondents were asked about the housing needs in their communities for populations with special needs, including persons experiencing homelessness, individuals with physical and developmental disabilities, individuals with mental illness, the elderly, individuals living with HIV/AIDS, and migrant agricultural workers. Exhibit III-23 shows the percentage of respondents who believe that the housing needs of these special needs populations are not being met in their communities.

Exhibit III-23.
Percent of Respondents Disagreeing that the Needs of Special Populations Are Being Adequately Met

Source:
Community Survey, Indiana Consolidated Plan, 2002.



Greater than half of survey respondents felt that the housing needs of the elderly, persons experiencing homelessness, persons with mental illness, persons with physical disabilities or persons with developmental disabilities were not being met. For both migrant agricultural workers and persons with HIV/AIDS, more than 50 percent of respondents said that they neither agreed nor disagreed that the needs of these two groups were being met. These results suggest a lack of community awareness of the housing needs of both migrant agricultural workers and persons with HIV/AIDS.

Respondents were also asked how the needs of special populations could be better met. Exhibit III-24 on the following pages lists their responses.

Exhibit III-24.

How Can the Needs of Special Populations Be Better Met?

A program for the homeless
Access to funding to make improvements and continual funding sources to develop programs
Accessible construction would be a start
Adaptation to existing multifamily units for accessibility to all areas of complex
Additional financial resources, which can be easily accessed
Additional SRO housing units available in conjunction with case management and social and medical support services
Adequate repairs for those who can't afford them
Affordable ADA compliant housing and assisted living options
Affordable healthy homes built and sold to qualifying families with very low or no interest loans
Affordable homes with availability of support services
Affordable housing
Affordable housing
Affordable housing - good quality - special needs - professional training in all areas
Affordable housing for homeless families, without strict criteria
Affordable low income housing needs should be better met
Affordable, accessible and safe housing for special needs populations
Again I think there is a significant need for low income rental & housing.
Apartments at lower costs, emergency shelters for homeless
Assisted living spaces are needed
Available housing with lower rents
Better accountability from the agencies which serve these populations
Better housing at lower costs
Better quality low income rentals
Better social service coordination and education to public re: what is available to them.
More accessible, affordable housing. Better job training
Better supervision of conditions for migrant workers, don't leave it up to the grower or farmer
Better transportation to/from work
Build more housing
Buy an old motel/hotel and fix it up
By better meeting the needs of the Hispanic community

Exhibit III-24. (continued)

How Can the Needs of Special Populations Be Better Met?

By building more housing units
By getting more modern housing, because the current housing is quite old.
By information on what is available
By the Home Program providing more funding with less match money being required.
Transportation being made available in the small towns
Change in the public's perception of these groups of people
Clean and improve what is already available
Could use more affordable assisted living for the elderly
Creating "local level" task force that can allocate resources to groups in need, especially older residents
Creating accessible, safe, secure and affordable housing, via new and renovated construction.
Currently have one homeless shelter with stringent rules - need halfway house to work with those recently released from prison. Need transitional housing for those just starting back to work.
Develop more affordable accessible, senior and transitional housing
Develop more specific housing / rental units
Down payment assistance, low cost housing
Educate the public on the need
Elderly would like to move in to smaller homes. They can't afford their big houses anymore.
Everything is fine. These problems are not prevalent in Miller Township
First, they should live where they are able to be helped. Northern Indiana needs places free of charge where these people with special needs can live with pride and dignity.
For homeless New Castle has the "lone shelter" but it needs money.
Federal aid has been cut Rent aid and repair money is needed for the poor.
For SMI adults - more section 8 units or WIC home program
Funds to be homeless shelters. Move in trailers to house seasonal workers.
Get our housing authority to rent units to people with disabilities
Good, cheaper homes
Government homes as senior high rises with rent according to income or wealth
Group homes - multi-family, low income housing
Have more housing for these target groups.
Heavy subsidy to keep rents affordable in the long-term
Higher per diems from the state and federal government
Homeless and evicted individuals need a place to stay while in transition
Homeless shelter, season worker housing
Homeless teens and young adults need more housing options
Housing choice vouchers - Section 8
Housing development with apartments - duplexes and homes - both rental and for purchase
Housing for people with disabilities
Housing for seasonal workers
Housing providers working in partnership with the agencies and organizations that provide or attempt to provide such services. The allocation of Sec 8 assistance to housing for special needs
Housing units provided

Exhibit III-24. (continued)

How Can the Needs of Special Populations Be Better Met?

Identify funding sources available for ADA-release modifications. Stop replacing low-income housing with high cost condos!

If more government funds were available to CDCs for rehabbing of old or constructing new housing, improving and adding housing stock would be more easily accomplished

If there were more supportive services available

Improved quality of transitional housing, and a shelter for women and children in abusive situations

In several areas (people with HIV/AIDS in particular), such a small percentage is affected.
The cost of improvements or services outweighs the benefits

Increase in number of affordable, available units

Increase supply of affordable and accessible housing

Increased construction and modification of existing homes

Keep state facilities open and upgrade facility. Construct more housing units

Low cost multi-family apartment complex that is subsidized to house transient or special needs

Low income assisted living is a critical need

Low income housing for younger people with disabilities

Low income housing with stringent credit history requirements is unrealistic and ridiculous.
Why expect people who live on pennies to have a good credit history? It can't happen.

Low-income apartments could help meet the need of younger families

Maintain housing stock, subsidized housing with services

Match housing with supportive services such as case management, employment assistance, housing support to ensure successful management and continued success to break cycle of homelessness

Mental illness a major problem, because of their disability they are discarded by family and are unable to be stable in terms of meeting rental lease requirements and maintaining decent housing

More accountability by the service providers for this population, sensitivity to the needs of this population

More affordable - down payment assistance, education of good credit to the young

More affordable housing

More affordable housing for elderly

More affordable housing needs to be available, more homes need to be handicap-accessible

More affordable units and better community acceptance

More and better facilities

More awareness efforts by county / local government

More emergency housing, single-story housing, and housing with private entrances

More funding available to community groups to combat lack of resources

More funding to current homeless shelters

More funding to present programs

More funds to overwrite development

More governmental assistance, more affordable housing, need more diversified agencies

More homeless shelters and transitional housing

More housing and financial assistance

More housing for farm workers

More housing needed

More HUD units and slots available

More HUD vouchers

Exhibit III-24. (continued)

How Can the Needs of Special Populations Be Better Met?

More institutional type facilities
More low-cost housing and programs like Shelter and Care
More needs done in every instance - this is a small town with limited funds and it cannot afford to do more at this time
More quality, subsidized rental housing options
More resources are needed in rural areas
More Section 8 certifications
More Section 8 vouchers, More and better opportunities for the disabled to own homes
More shelter and transitional beds, emergency shelter for those with medical needs
More starter money to get into a home
More Subsidized Apartments
More subsidy, stronger organizations
More support for the organizations already in place. Mental health orgs. doing a great job with halfway housing.
More targeted housing needs to be constructed with equipped necessities, i.e. bathroom safety grab guards, lower appliances
More transitional and subsidized housing
More transitional shelters
More units
More very low rent housing is needed, mixed with higher (not market) rent housing
More well maintained affordable housing is needed in safe neighborhoods
Motivate and educate people so that they want a decent paying job, and then take responsibility for their situation and make it happen
Need a homeless shelter in Lawrence County
Need homeless shelter and transitional housing for those with little or no means
Need lower rents, more handicapped accessible housing
Need more affordable single and multifamily units
Need more players or developers to have access to needed capital.
Most developers will not build within city limits without incentives
Need Section 8 vouchers for mentally ill on SSI and SSDI, need subsidized housing
Need senior complex
Need to know just what needs are
Need to provide more facilities fore homeless and low income families
Need transitional housing
Need transitional housing with case management
New sewer system - can't build, can't sell, because of no sewer
No emergency housing or funding for some is available
No program can meet the needs of all these special populations.
Each population needs a program designed for their needs or abilities
Our homeless shelter is great, but always full. Could use more. And lower rent apartments
People that have this knowledge need to become more involved with their communities and speak up to what their needs are

Exhibit III-24. (continued)

How Can the Needs of Special Populations Be Better Met?

Plenty of inexpensive housing is available. Many rural "homes" lack adequate sanitary systems and good water

Prepare the town to serve all needs before they are needed. This will draw people and industries to the city.

Prisoners need initial assistance and housing support until placement can be found

Private sector to step forward to build needed housing

Programs for HIV+ / disabled homeowners

Programs to promote and support homeownership

Provide a greater number of adequate homes or rental units that are affordable and meet specific needs of these special needs groups, otherwise too many people fall through the cracks - no safety net.

Provide adequate housing and supervision

Provide any of the above housing

Provide funds for habitat for humanity

Provide housing and shelters

Provide housing in the above categories throughout the county not just the larger cities.

Provide housing throughout the county, and not just in the larger cities

Provide more low cost rental housing

Provide one on one peer support while going through application process and homeownership readiness

Quality apartments

Quality, affordable housing

Ramps and home modifications for those with physical disabilities

Ramps and other handicap assistance measures installed throughout the community

Real problem is housing for working poor

Rehab - current housing unites, Urban planning, Tougher restrictions on landlords, Increased availability of Sec 8 assistance

Rehabilitation of existing housing to meet the needs of seriously emotionally disturbed adults (group homes, transitional housing)

Re-open the mental institutions

Residential living with education for the autistic, and after school programs

Senior citizen apartments with some housekeeping help, etc.

Single working moms, elderly

SSI/SSD have rents that are too high, Homeless - the shelter does not have enough rooms, not enough affordable small homes for single parents and the handicapped

State-wide section 8 homeownership voucher program

Subsidized Housing

The amount of special needs and homeless in our community are very low

The elderly may still have their home but cannot afford the large problem of maintenance (i.e. furnace, water/sewer, roofing)

The federal minimum guidelines should be and have to be exceeded and not just met

The IHFA needs to reevaluate granting money for youth shelters. They haven't made a grant to that cause in two years because their policy is to count beds as beneficiaries instead of homeless kids us

The mentally ill

Exhibit III-24. (continued)

How Can the Needs of Special Populations Be Better Met?

The need for financial aid to assist with housing
The needs of these groups are met by family.
The realization and acceptance of the need
There is a need for a supervised homeless shelter with counseling to assist with job training and more income based housing
There needs to be a more personal and compassionate understanding of the problems faced by special needs persons. Then we need to shape programs to address those needs. We presently use a blanket application
Too many renters and rental prices that are too high
We deal with female offenders and their children, each woman has a felony, some drug related charges. They face difficulty, due to putting this on housing applications
We have a low-income housing area - administered by Brazil Housing Authority. With a large low income and a large below average IQ & unskilled labor force - more housing is needed
We have none of the above
We need grants available to Lincoln Township (La Porte County) to assist people with weatherizing and repairing their homes. This community is made up of senior citizens (older)
We need more affordable housing - our needs for disabled and mental illness are nil.
We need more housing w/supportive services. [??] permanent
We're sitting pretty good. We have no seasonal workers that I know of.
Wet shelter, and affordable housing
With a combined program of subsidized housing with program support
With grants, developers, investors and housing authority

Source: Community Survey, Indiana Consolidated Plan, 2002.

The survey also asked respondents to list the supportive services in their communities that are currently available to special needs populations. Exhibit III-25 on the following pages shows the services available by county.

Exhibit III-25.
Services Available to Special Needs Groups, by County

County	Transportation	Meals	Case Management	Job Training	Healthcare	Home Repair Assistance	Child/Adult Day Care	Substance Abuse Treatment	Other
Adams	■	■	■	■	■	■			
Allen	■	■	■	■	■	■	■	■	
Bartholomew	■	■	■	■	■	■	■	■	
Benton	■	■	■	■	■	■	■	■	
Blackford	■	■	■	■	■	■	■	■	
Boone	■	■	■	■	■	■	■	■	
Carroll	■	■	■			■			
Cass	■	■	■	■	■		■	■	
Clark	■	■	■	■	■	■	■	■	
Clay	■	■					■		
Clinton	■	■	■	■	■		■	■	
Crawford	■	■	■	■	■		■		
Davless	■	■	■	■	■	■	■	■	
Dearborn	■	■	■	■	■	■	■	■	
Decatur		■	■	■	■		■		
DeKalb	■	■	■	■	■	■	■	■	
Delaware	■	■	■	■	■	■	■	■	
Dubois	■	■	■	■	■	■	■	■	
Elkhart	■	■	■	■	■	■	■	■	
Fayette	■	■		■	■		■	■	
Floyd	■	■	■	■	■	■	■	■	
Fountain	■	■			■				
Franklin	■	■	■	■		■			
Fulton	■	■	■	■	■	■			■
Gibson	■	■	■	■	■		■		
Grant	■	■	■	■	■		■	■	
Greene	■	■	■	■	■		■	■	■

Exhibit III-25. (continued)
Services Available to Special Needs Groups, by County

County	Transportation	Meals	Case Management	Job Training	Healthcare	Home Repair Assistance	Child/Adult Day Care	Substance Abuse Treatment	Other
Hamilton	■		■		■		■		■
Hancock	■	■	■	■	■	■	■	■	
Hendricks	■	■	■	■	■		■		
Henry	■	■	■	■	■	■	■	■	
Howard	■	■	■		■		■	■	
Huntington	■	■	■	■	■		■	■	
Jackson	■	■	■			■			
Jasper	■	■	■	■	■		■	■	
Jay	■	■	■	■	■	■	■		
Jefferson	■	■	■	■	■	■	■	■	
Jennings			■	■	■	■			
Johnson	■	■	■	■	■			■	
Knox	■	■	■	■	■	■	■	■	■
Kosciuscko	■	■	■	■	■		■	■	
La Porte	■	■	■	■	■		■	■	
LaGrange	■	■	■	■	■				
Lake	■	■	■	■	■	■	■	■	
Lawrence	■	■	■	■	■	■	■	■	■
Madison	■	■	■	■	■	■	■	■	
Marion	■	■	■	■	■	■	■	■	
Marshall	■	■	■		■		■		
Martin	■	■	■	■	■	■	■	■	
Miami	■	■	■	■	■	■	■	■	
Monroe	■	■	■	■	■	■	■	■	■
Montgomery	■	■	■	■	■	■	■	■	
Morgan	■	■	■	■	■	■	■	■	
Noble	■	■	■	■	■	■	■	■	
Ohio	■	■	■	■	■	■	■	■	
Orange	■	■		■	■	■	■	■	
Owen	■	■	■	■	■	■		■	
Parke	■	■	■	■	■	■	■	■	
Perry	■		■	■	■			■	
Porter	■	■	■	■	■	■	■	■	
Posey	■	■	■	■	■		■	■	
Pulaski	■	■	■	■	■		■	■	
Putnam	■	■	■	■	■		■	■	
Randolph	■	■	■	■	■		■		
Ripley	■	■	■	■	■		■	■	
Rush	■	■	■	■	■	■	■	■	
Scott	■	■	■	■	■	■	■	■	
Shelby	■	■	■	■	■	■	■	■	
Spencer	■	■	■	■	■	■	■	■	
St. Joseph	■	■	■	■	■	■	■	■	
Starke	■	■		■	■		■	■	
Steuben	■	■	■	■	■			■	
Sullivan	■	■	■	■	■		■	■	
Switzerland	■	■			■				
Tippecanoe	■	■	■	■	■	■	■	■	■
Tipton	■	■	■		■	■	■		
Union	■	■	■	■	■		■		
Vanderburgh	■	■	■	■	■	■	■	■	■
Vermillion	■	■	■	■	■		■	■	
Vigo		■							
Wabash	■	■	■	■	■		■	■	
Warren	■	■					■		
Warrick	■	■	■	■	■	■	■	■	
Wayne	■	■	■	■	■	■	■	■	
Wells	■	■	■	■	■		■	■	
White	■	■	■	■	■	■	■	■	
Whitley	■	■	■	■	■	■	■	■	■

Source: Community Survey, Indiana Consolidated Plan, 2002.

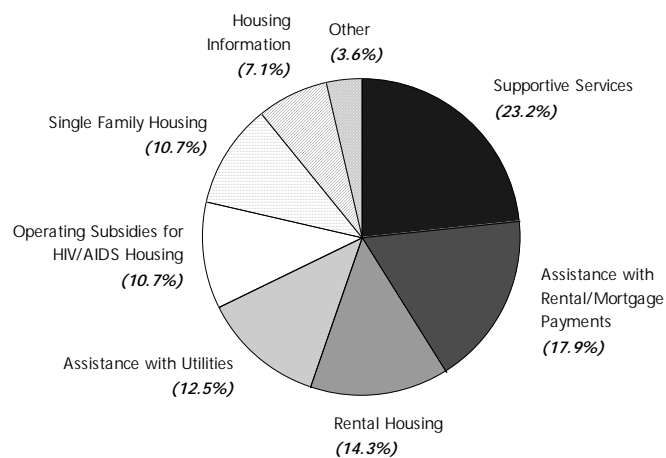
Meals, transportation and case management are the supportive services most widely available to special needs groups in the State. The supportive services that are less likely to be available to special needs groups include home repair assistance, child and adult day care, substance abuse treatment, job training, and health care.

Forty-three percent of survey respondents believed that the special needs groups in their communities were aware of the services available to them. Sixty-two percent of respondents said that the services they presently have are not adequate.

When asked what is most needed in their communities to meet the needs of persons with HIV/AIDS, respondents cited supportive services, rental/mortgage assistance, and rental housing. Exhibit III-26 shows the distribution of responses to this question.

Exhibit III-26.
Community Needs for
Persons with HIV/AIDS

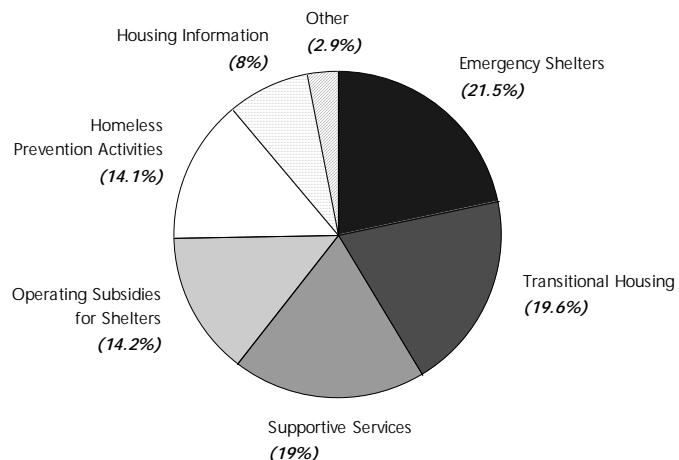
Source:
Community Survey, Indiana Consolidated
Plan, 2002.



Respondents were also asked what is most needed in their communities to meet the needs of persons experiencing homelessness. Transitional housing and emergency shelters together accounted for more than 40 percent of respondents' answers. Exhibit III-27 shows the distribution of responses to this question.

Exhibit III-27.
Community Needs for
Persons Experiencing
Homelessness

Source:
Community Survey, Indiana Consolidated
Plan, 2002.



Finally, respondents were asked to list the supportive services that were in demand but not available. Exhibit III-28 lists the respondents' comments.

Exhibit III-28.

Special Needs Services Needed but Unavailable

A visiting nurse to the elderly to keep them in their homes, and better meal delivery
Abuse treatment
Adult day care (4 responses)
Affordable child care
Affordable home delivered meals for those in need under the age of 60
Any type of transitional housing for people living with AIDS
Better assist for emerging medicines
Case management (6 responses)
Case management for transitional people
Case workers - for SSI disability
Child care at affordable prices
Child care for developmentally disabled and/or other special needs children
Child/Adult day care (5 responses)
County - Wide transportation
Credit counseling, help with financing
Domestic violence shelter
Eating disorders, transition housing, job training, child and adult daycare
Elderly need assistance with housework and upkeep of homes
Emergency homeless shelter
Emergency housing (2 responses)
Emergency repair assistance for elderly and special needs
Exercise and physical fitness
Group housing for mentally ill with onsite case management
Health care (7 responses)
Help in errands - housekeeping
Help on medication, trustee office only agency that helps on RVs
HIV supportive issues
HIV supportive services
Home repair assistance (12 responses)
Home repair assistance, medication assistance, program to help buy cars, and help with deposits
Home repair, in-home support for elderly, transportation in outlying areas
Homeless shelter, home repair, counseling
Homeless youth shelter
Housekeeping services, errand assistance (2 responses)
Housing modification for accessible living

Exhibit III-28. (continued)
Special Needs Services Needed but Unavailable

In home physical therapy badly needed for over 80 group, in home nurse practitioner to check elderly or medication - nutrition - home safety and report back to family or service provider on

In-home support available but insufficient

Job coaches, housing support persons, friendly visitors, mentors

Job training (5 responses)

Legal assistance, day care - adults / child, health care, parent support groups, more teaching facilities, emergency housing, emergency transportation, emergency care

Limited assisted living and adult day care

Long term substance abuse

Longer term shelters to give those shelters more time to help meet the individualized needs of people with special needs

Meals for some elderly, transportation for some elderly

Meals, health care, home maintenance and repair

Mental health problems are not adequately dealt with

Mental health services that are affordable and effective

Money management but not through mental health

More AIDS/HIV facilities and home care

Need more child care

Need more supportive services

Need real case management for the elderly - not once a year visits

Pregnancy related to health and housing

Programs for the addict, mentally ill and mentally handicapped

Quality respite care

Recreational

Regular transportation

Rehabilitation/retraining (injured and must change occupations), financial counseling

Reliable public transportation

Rental controls, Inspection of rental properties, increase in wages, affordable child care, and child care at the work place

Rental/mortgage assistance for low-income and unemployed persons

Residential drug and alcohol treatment

Residential substance abuse treatment for women with children.

Respite care

Respite, supportive housing

Senior services or assisted living

Services for physical disability

Shelters (2 responses)

Some portion of almost all of these services are needed

Substance abuse treatment (7 responses)

The availability of in-home personal assistance is woefully inadequate and will remain so as long as PCA's are paid less than employees of McDonald's.

Transportation (20 responses)

Transportation for the elderly / disabled

We need a home for mentally challenged women who have support guidance not dictators.

Teen pregnancy home.

Source: Community Survey, Indiana Consolidated Plan, 2002.

Lead Based Paint Hazards

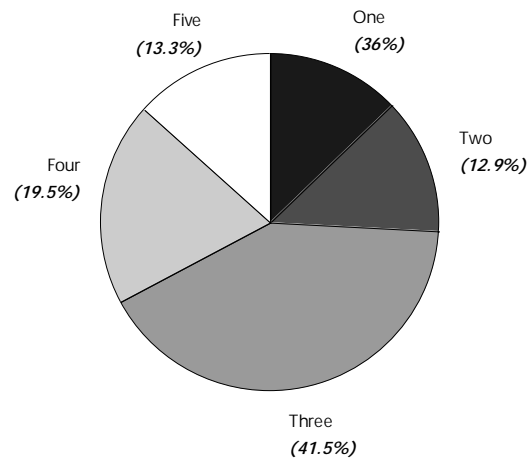
Seventy-seven percent of survey respondents said there were not adequate funds in their communities to address lead based paint hazards in housing. The majority of respondents agreed that there was a need for funds to address lead based paint in housing *with poisoned children*. Nearly 77 percent of those surveyed said there was a need for a partnership between housing and health care providers to address lead based paint hazards.

Survey respondents were asked how much lead abatement procedures increase the cost of providing affordable housing. They were provided with a scale of one to five to rank the increase in costs, with one being the least and five being the most. The distribution of responses is shown in Exhibit III-29.

Exhibit III-29.
How Much Do Lead Abatement Procedures Increase Cost of Housing?

Note:
1 = low, 5 = high.

Source:
Community Survey, Indiana Consolidated Plan, 2002.



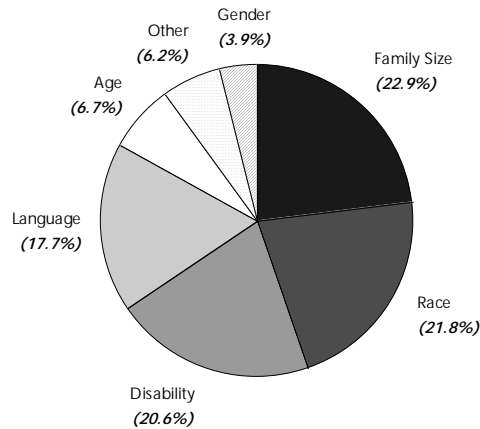
Fair Housing

Only 34 percent of survey respondents agreed with the statement “Housing discrimination happens in my community,” which is a significant drop from the 70 percent reported in last year’s survey. This year, 35 percent disagreed with the above statement, and 31 percent neither agreed nor disagreed. Forty-five percent of respondents felt that minorities, large families, and persons with disabilities could not obtain the housing they desire in their communities.

Exhibit III-30 on the following page shows the types of discrimination that respondents perceive to be a problem in their communities.

Exhibit III-30.
Types of Housing Discrimination

Source:
Community Survey, Indiana Consolidated Plan, 2002.

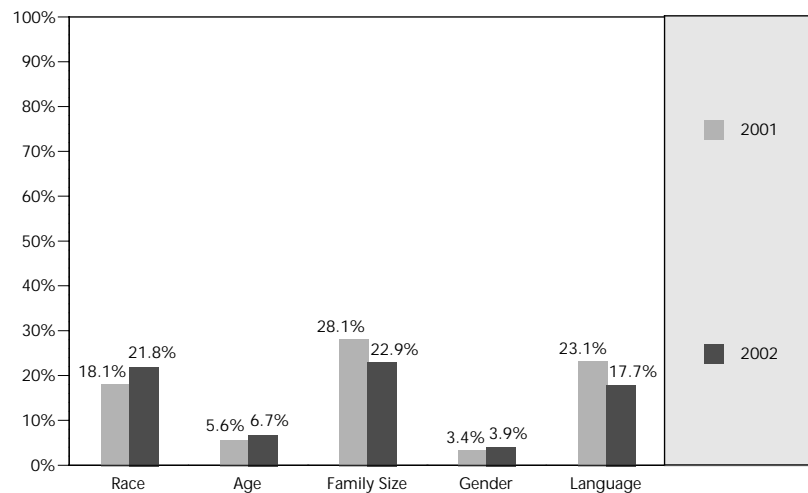


Overall, 23 percent of respondents agreed that discrimination on the basis of family size was a problem; 22 percent agreed that discrimination based on race was a problem; 21 percent agreed that persons with disabilities faced discrimination; 17 percent agreed that discrimination occurred for non-English speakers; 7 percent agreed that age discrimination was a problem; and 4 percent agreed that discrimination because of gender was an issue.

When compared with last year's survey results, 2002 responses indicate some progress in furthering fair housing choice. The percentage of respondents reporting that discrimination was a problem declined for about half of the categories. The largest drop was for non-English speakers. Twenty-three percent of survey respondents in 2001 agreed that this was a type of housing discrimination in their community, compared to 17 percent in 2002. Exhibit III-31 below compares the survey results for this question from 2001 and 2002.

Exhibit III-31.
Comparison of 2001 and 2002 Types of Housing Discrimination

Source:
Community Survey, Indiana Consolidated Plan, 2002.



Respondents were asked about the ability to obtain financing for housing from financial institutions and mortgage companies in their communities. Three in four survey respondents felt that obtaining financing was not easy. Similarly, 38 percent of respondents believed that lower income families are not able to refinance their homes at competitive interest rates.

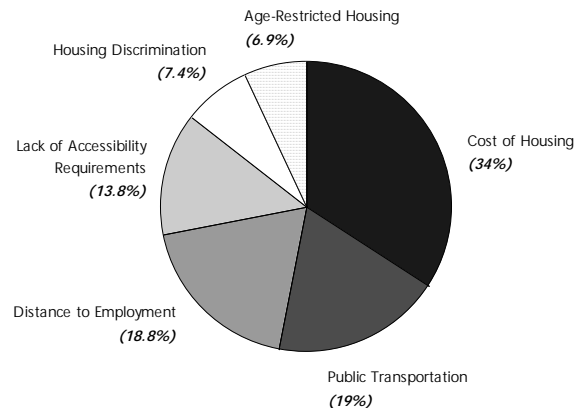
Awareness and availability of resources both play integral roles in furthering fair housing choice. Sixty-two percent of respondents felt that members of their community are aware that discrimination is prohibited in housing mortgage lending and advertising. However, only 27 percent of survey respondents indicated that people in their community know whom to contact to report housing discrimination. Finally, only 18 percent of respondents agreed that the housing enforcement agency in their community has sufficient resources to handle the amount of discrimination that may occur.

Respondents were also asked about the zoning and rental policies that prohibit fair housing choice. One in five respondents agreed that their zoning regulations encourage segregated housing. Thirty-seven percent of respondents agreed that landlords could limit the number of children in an apartment.

Respondents were asked about the types of barriers to housing choice that exist in their communities. The cost of housing was the most significant barrier to housing choice, followed by public transportation and distance to employment. Exhibit III-32 shows the perceived barriers to housing choice.

Exhibit III-32.
Barriers to Housing Choice

Source:
Community Survey, Indiana Consolidated Plan, 2002.



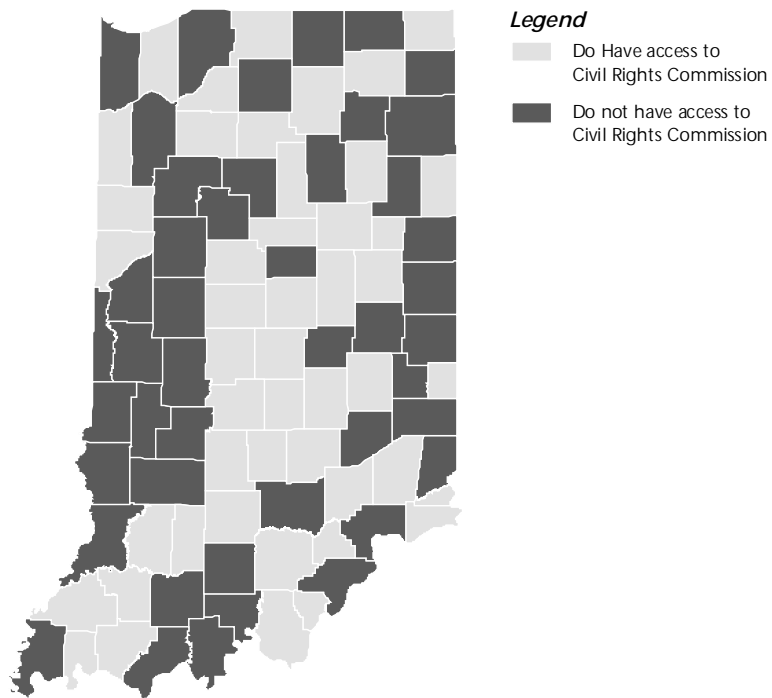
Fair Housing Policy

In the 2002 survey, respondents were asked a number of questions specifically about their community's fair housing policies. Only 43 percent of respondents indicated that their community has joined forces with another organization to promote fair housing, and 38 percent said that their community had identified or sought to identify any impediments to fair housing. When asked whether there had been any efforts to affirmatively further fair housing issues for those in need, 62 percent *disagreed*.

Seventy-six percent of survey respondents said that their community has access to a civil rights commission/office. Exhibit III-31 on the following page shows which counties in the State have civil rights offices, as reported by survey respondents.

Exhibit III-33.
Access to a Civil Rights
Office, by County

Source:
Community Survey, Indiana Consolidated
Plan, 2002.



When respondents were asked whether or not their organization states that it is an Equal Opportunity Employer in help wanted ads, a resounding 99 percent said “Yes.” Only 5 percent of respondents stated that any equal opportunity complaints had been filed against their organization in the past five years. A mere 2 percent of respondents indicated that there had been housing complaints filed against their organization in the past five years.

The survey also inquired about various fair housing policy ordinances. Three in four respondents said that their community has a fair housing resolution/ordinance, and 68 percent indicated they have an affirmative action plan. Seventy-five percent of respondents said they had an equal opportunity ordinance. Seventy-three percent of respondents indicated that their community’s resolution/ordinance had been approved by the State.

Community Development Needs

The Consolidated Plan Coordinating Committee recognizes that housing needs cannot be considered alone when evaluating the overall needs of the State. In many instances, the distinction between housing and community development needs is artificial. Addressing these needs together is integral to well-founded and successful ongoing community development.

Community development is a broad based concept, and its definition can vary considerably depending on the community. For a former one-company town that has faced a major plant closure, the greatest community development need might be economic diversification. For a quickly expanding metropolitan area, investment in public facilities might be most important.

Because the concept of community development means something different to each community, obtaining good measures of community needs can be difficult. Surveys and focus groups are often the best data source for determining community development conditions at the local level.

In the 2002 Community Survey, respondents were also asked about community development issues in their communities. In comparison to last year's responses to questions on community perceptions and economy, it seems that 2001 was a difficult year for many Indiana communities.

In the 2001 survey, 70 percent of respondents said that the perception of their community had improved during the past five years. In contrast, just 54 percent of respondents to the 2002 survey said that the perception had improved; 46 percent said it has declined.

Job growth. Job creation is a very common measure of economic health. The Indiana Department of Commerce and the Indiana Business Research Center recently analyzed job growth in the State during the 1990's. Between 1989 and 2000, jobs were created at an average rate of 1.85 percent per year. Actual rates, however, ranged from 3.5 and -.6 percent.

The highest number of responses to the 2002 Community suggest that 2001 job growth was considerably slower than in 2000. In the 2002 survey, just 37 percent of survey respondents said that the number of jobs had increased in their communities, compared to 60 percent in 2001. Fifty percent of 2002 respondents said the number of jobs in their communities had decreased, compared to only 26 percent in 2001.

These reported changes in the statewide economic outlook from 2001 to 2002 echo the economic downturn in the entire United States during this period.

Community needs. The survey asked respondents to rate the quality of community development in their areas. The quality ratings of community facilities, water and sewer systems, economic development and public infrastructure are shown below in Exhibits III-34 through III-38.

Exhibit III-34.
Percent Agreeing that Type
of Community Development
is in Good Condition

Source:
Community Survey, Indiana Consolidated
Plan, 2002.

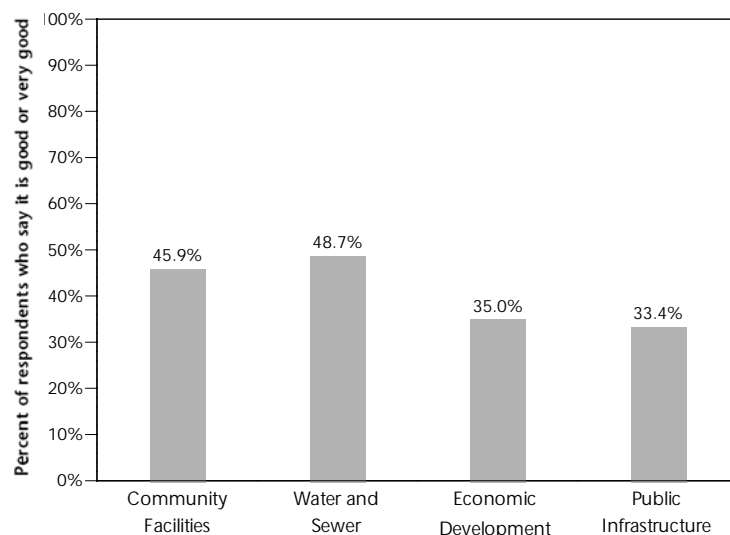


Exhibit III-35.
Quality of Community Facilities

Source:
Community Survey, Indiana Consolidated
Plan, 2002.

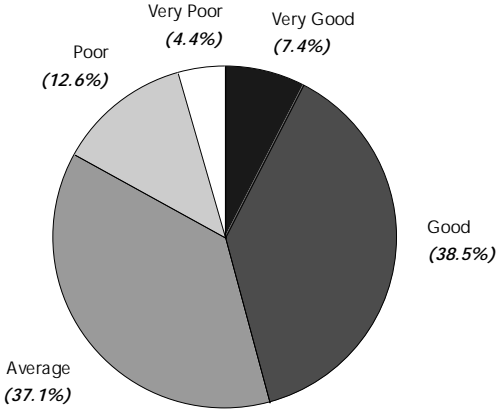


Exhibit III-36.
Quality of Water and Sewer

Source:
Community Survey, Indiana Consolidated
Plan, 2002.

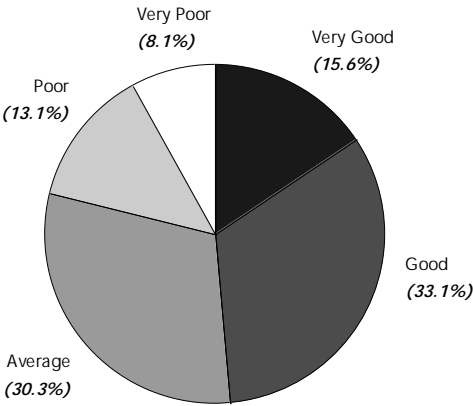


Exhibit III-37.
Quality of Economic Development

Source:
Community Survey, Indiana Consolidated
Plan, 2002.

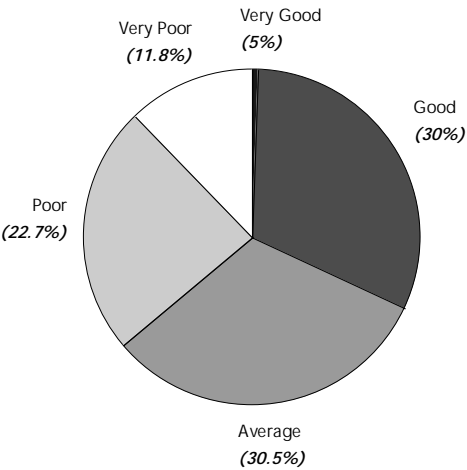
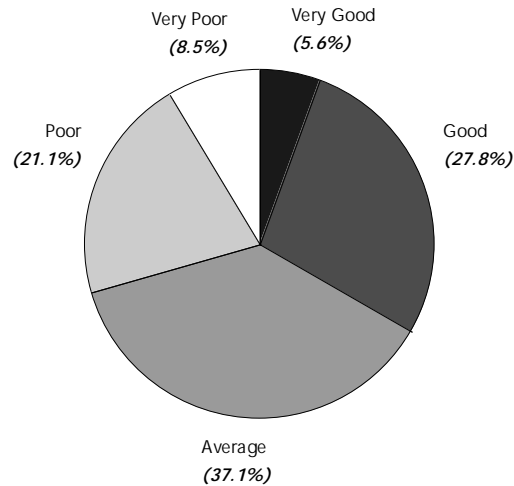


Exhibit III-38.
Quality of Public
Infrastructure

Source:
Community Survey, Indiana Consolidated
Plan, 2002.



In general, respondents indicated the greatest need for economic development (nearly 35 percent rated it poor or very poor) and infrastructure improvements (30 percent rated it poor or very poor). Community facilities and water and sewer systems received the strongest quality ratings, with about 45 percent of respondents agreeing that their facilities and systems were in good or very good condition.

Public infrastructure. A number of communities in Indiana have public infrastructure that is in need of repair. Without evaluating each community on a case-by-case basis, it is difficult to know the extent of the problems. A recent survey by the Indiana Rural Community Assistance Program, in cooperation with the Indiana State Department of Health, attempted to identify the communities in the State with the greatest need for assistance in resolving outstanding sewage disposal problems. The survey was sent to county health departments in all counties in the State. Surveys were received from 66 counties, representing 390 communities throughout the State. The survey results showed that in the more than 450 unsewered communities:

- 62 percent are estimated to be low to moderate income;
- 78 percent have less than 100 residential users to support a sewer project; and
- 63 percent have inadequate or non-septic systems.

The survey also asked county health officials to identify the 10 worst residential and commercial areas in their communities with sewage disposal problems. Exhibit III-39 on the following page shows the number of residential houses and commercial buildings that were included in the top 10 ranking for each county responding to the Department of Health survey.

Exhibit III-39.
Estimated Sewage Disposal Problems, by County, 1999

County	Residences	Businesses	County	Residences	Businesses
Adams	375	18	Lake	621	25
Bartholomew	458	18	La Porte	2,363	133
Benton	195	9	Miami	682	48
Boone	189	18	Monroe	785	22
Brown	1,497	1	Montgomery	50	0
Cass	421	23	Morgan	285	0
Clark	600	19	Newton	310	30
Clay	135	4	Noble	150	2
Clinton	518	29	Ohio	35	3
Crawford	80	9	Owen	1,994	48
Daviess	75	2	Parke	415	67
Decatur	545	21	Porter	1,300	57
DeKalb	90	2	Posey	390	6
Delaware	620	9	Randolph	60	0
Dubois	1,025	50	Ripley	255	18
Elkhart	451	24	Rush	100	4
Fayette	30	2	Scott	245	8
Fountain	344	17	Shelby	1,099	35
Franklin	75	4	Spencer	225	10
Fulton	980	4	St. Joseph	656	47
Gibson	1,000	32	Steuben	1,300	45
Grant	739	29	Switzerland	130	3
Greene	35	0	Tippecanoe	420	22
Hamilton	439	3	Tipton	291	17
Hancock	470	29	Vanderburgh	140	22
Harrison	120	0	Vigo	1,581	25
Hendricks	140	0	Wabash	627	19
Henry	85	7	Warren	370	13
Howard	583	35	Washington	225	19
Jackson	277	40	Wayne	797	83
Jay	17	0	Wells	412	35
Johnson	450	13	White	5,174	114
LaGrange	290	42	Whitley	360	18
			Total	37,195	1,511

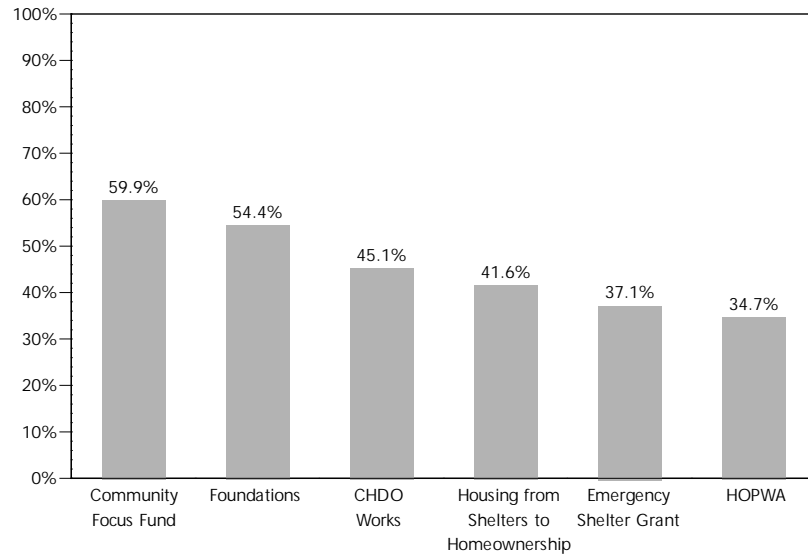
Source: 1999 Answered Community Survey, Indiana Rural Assistance Program and Indiana State Department of Health.

HUD Grant Programs

Respondents were also asked about their community's awareness and utilization of the State's HUD grant programs, administered by the Indiana Department of Commerce, the Indiana Housing Finance Authority and the Family and Social Services Administration. Exhibit III-40 on the following page shows community awareness of survey respondents for six programs funded by CDBG, HOME, HOPWA and ESG funds.

Exhibit III-40.
Awareness of Housing
Programs

Source:
Community Survey, Indiana Consolidated
Plan, 2002.



As shown above, 60 percent of respondents were aware of the Community Focus Fund (CFF) program; 54 percent were aware of the Foundations program; 45 percent were aware of the CHDO Works program; and 42 percent were aware of the Housing from Shelters to Homeownership program.

Thirty-seven percent of respondents were familiar with the Emergency Shelter Grant program (ESG), and 26 percent reported knowing how to access ESG funding. Thirty-five percent of respondents had heard of the Housing Opportunities for People with AIDS (HOPWA) program, and 24 percent reported knowing how to access HOPWA funds.

Summary

- The greatest need expressed by respondents to the 2002 Community Survey was for affordable housing. Affordable single family housing was perceived as most needed, followed by affordable rental housing, multifamily apartments, and transitional housing.
- The majority of respondents felt that the housing and service needs of persons experiencing homelessness, persons with mental illness, persons with physical disabilities and persons with developmental disabilities were not being adequately met. Respondents felt that the needs of the elderly were being met the best, relative to other special needs groups (although improvements are still needed).
- The services most widely available to special needs populations are meals, case management, and transportation. Services less likely to be available in respondents' communities included job training, health care, home repair assistance, child and adult day care and substance abuse treatment.

- Seventy-seven percent of respondents indicated that there are not adequate funds to address lead based paint hazards in housing in their communities. Nearly 70 percent of respondents felt that there is a need for partnership between housing and health care providers to address lead based paint hazards in their communities.
- Thirty-four percent of respondents agreed that discrimination occurs in their communities. The types of discrimination perceived to be the most prevalent were family size, race, disability and language.
- Respondents were also asked about barriers to housing choice in their communities. The barriers perceived to be most prevalent included housing cost, transportation, and distance between housing and place of employment.
- The top community development needs identified by respondents included economic development and improvements in public infrastructure.
- The top community concerns expressed in the forums included emergency shelters and transitional housing, day care for children and adults, rental subsidies, affordable housing in good condition, and assistance with public infrastructure redevelopment.

SECTION IV.

Housing Market Analysis

SECTION IV.

Housing Market Analysis

Housing Market Characteristics

This section addresses the requirements of Sections 91.305 and 91.310 of the State Government contents of Consolidated Plan regulations. The first part of this section provides a statewide overview of housing availability and affordability. The second part contains detailed socioeconomic and housing market information for nonentitlement counties in the State that contain public housing authorities. These data are provided to assist these PHAs with completion of their agency plans.

In contrast to the Housing & Community Development section, which contains a qualitative assessment of housing and community development conditions, this section is quantitative in nature. The sections should be read together for a complete picture of housing and community development needs in the State.

This analysis of housing market conditions incorporates new data from the 2000 Census on housing units, vacancies and affordability. In addition, it also uses data from the Census 2000 Supplementary Survey (C2SS). The C2SS was conducted as part of the U.S. Census to test new data collection methods. The C2SS contains information that is not yet available in the 2000 Census (e.g., household income, housing prices). These data are currently available at the state level and for medium- to large-sized cities. Since the C2SS is based on a sample of respondents, estimates are subject to a margin of error.

Housing Types

There were approximately 2.5 million housing units in the State in 2000, according to the U.S. Census. Approximately 66 percent of these units were owner-occupied, 26 percent were renter occupied and eight percent were vacant.

The State's homeownership rate in 2000 was the same as the national homeownership rate of 66 percent.

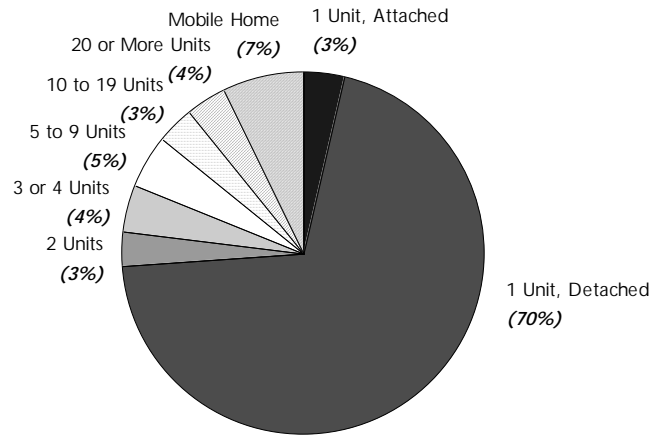
Vacant units. Over half of all vacant units in the State (57 percent) consist of owner or renter units that are currently not occupied. Another 17 percent consist of seasonal units, while 26 percent of units were reported as "other vacant." Other vacant units include caretaker housing, units owners choose to keep vacant for individual reasons and other units that do not fit into the other categories.

Composition of housing stock. C2SS data indicate that most housing in Indiana (70 percent of units) is made up of single family detached homes. Over 75 percent of units are in structures with two or fewer units, with only 16 percent in structures with 3 units or more and 7 percent of units defined as mobile homes. Exhibit IV-1 on the following page presents the composition of housing units in the State.

Exhibit IV-1.
Distribution of Housing
Units by Size/Type

Note: Due to the small number of units (619), boats, RVs and vans were excluded from this chart.

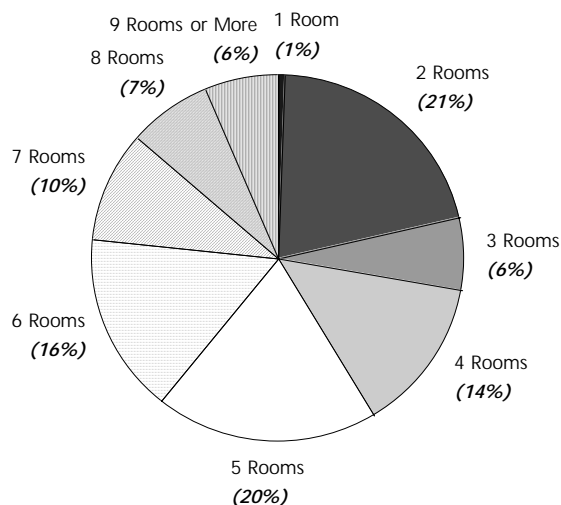
Source:
 Census 2000 Supplementary Survey.



Housing units in Indiana tend to have at least four rooms, with over 70 percent reported as having between four and seven rooms. The C2SS reported a median of 5.9 rooms per housing unit in the State. Exhibit IV-2 presents the distribution of housing units in the State by number of rooms.

Exhibit IV-2.
Distribution of Housing
Units by Number of Rooms

Source:
 Census 2000 Supplementary Survey.



Housing Supply

Construction activity. During 2001, roughly 38,400 building permits were issued for residential housing development in Indiana. This represents an increase from the number of permits issued in the previous year, although it is lower than the historically high levels of the late 1990s. In 1998, more than 40,000 permits were issued; this was 137 percent of the peak level of permits issued during the 1980s.

An estimated 83 percent of the building permits issued in 2001 were for single family construction. This is slightly higher than in 2000 and 1999, when between 80 and 81 percent of the total residential permits were for single family development.

Statewide construction of multifamily units declined by more than 14 percent between 2000 and 2001. The drop in multifamily permits was mostly due to declines in such permits in areas outside of the Indianapolis MSA. The number of permits issued for multifamily residential development in the Indianapolis MSA fell by a much lower 8 percent during this period.

Vacancy rates. The statewide homeownership vacancy rate was estimated at 1.6 percent in 2001 by the U.S Census Bureau. This represents an increase from 1.1 percent in 2000 and 1.4 percent in 1999, but is still lower than the decade high of 1.7 percent reported for 1996. The rental vacancy rate in the State was an estimated 10.3 percent in 2001 – nearly a 3 percent decline from 2000, which had the second highest rental vacancy rate in more than 13 years. Even with this reduction, the 2001 rental vacancy rate is well above the 7.3 percent average rate of the preceding 15 years.

Expiring use properties. A growing concern in the country and Indiana is the preservation of the supply of affordable housing for the lowest income renters. In the past, very low income renters have largely been served through federal housing subsidies, many of which are scheduled to expire in coming years. The units that were developed with federal government subsidies are referred to as “expiring use” properties.

Specifically, expiring use properties are multifamily units that were built with U.S. government subsidies, including interest rate subsidies (HUD Section 221(d)(3) and Section 236 programs), mortgage insurance programs (Section 221(d)(4)) and long-term Section 8 contracts. These programs offered developers and owners subsidies in exchange for the provision of low income housing (e.g., a cap on rents of 30 percent of tenants’ income). Many of these projects were financed with 40 year mortgages, although owners were given the opportunity to prepay their mortgages and discontinue the rent caps after 20 years. The Section 8 project-based rental assistance contracts had a 20 year term.

Many of these contracts are now expiring, and some owners are taking advantage of their ability to refinance at low interest rates and obtain market rents. Most of Indiana’s affordable multifamily housing was built with Section 221 (d)(3) and Section 236 programs. Thus, a good share of Indiana’s affordable rental housing could be at risk of elimination due to expiring use contracts.

According to HUD’s expiring use database, as of March 2002, Indiana had approximately 33,000 units in expiring use properties, or almost 5 percent of the State’s total rental units, in March 2002. Nationally, less than 10 percent of owners of expiring use have opted out. If Indiana mirrors national trends, about 3,300 units could convert to market rents.

When expiring use units convert to market properties, local public housing authorities issue Section 8 vouchers to residents of the properties that are converting to market rates. In some cases, market rents may be lower than subsidized rents, which could enable residents to stay in their current units. Vouchers may also give residents an opportunity to relocate to a neighborhood that better meets their preferences and needs. The outcomes of expiring use conversions are hard to determine because of the many variables (location, level of subsidized rents, tenant preferences) that influence tenants’ situations.

Nonetheless, the loss of the affordable rental units provided by expiring use properties could put additional pressure on rental housing markets, especially in Indiana's urban counties, where most of these units are located.

In 1997, Congress passed legislation that provides solutions, such as debt restructuring, to the expiring use problem. The legislation requires that HUD outsource the restructuring work to Participating Administrative Entities (PAEs). In January 1999, the Indiana Housing Finance Authority (IHFA) was selected to be the PAE for all expiring use properties in the State. In that responsibility, IHFA is playing a direct role in finding solutions by encouraging owners to stay in the federal programs, in addition to examining other programs and creative financing tools that will help preserve these properties as affordable housing.

Additionally, in May 2000, HUD selected IHFA to serve as a contract administrator for selected project-based housing assistance payment contracts in the state. In this role, IHFA will manage the contracts between HUD and the owners of affordable housing projects to ensure that the projects remain affordable, provide decent and safe housing, and are absent of housing discrimination. In 2001, IHFA was under contract with HUD to administer 410 properties.

Exhibit IV-3 on the following page shows the number of units with affordable provisions that are due to expire by county.

Exhibit IV-3.
Number and Percentage of
Expiring Use Units, by
County, March 2002

Source:
U.S. Department of Housing and Urban
Development and PCensus/AGS.

<i>County</i>	<i>Expiring Use Units</i>	<i>County</i>	<i>Expiring Use Units</i>
Adams	223	Lake	3,694
Allen	1,577	Lawrence	217
Bartholomew	465	Madison	596
Blackford	130	Marion	6,963
Boone	194	Marshall	185
Cass	394	Miami	88
Clark	870	Monroe	461
Clinton	174	Montgomery	241
Crawford	123	Morgan	420
Daviess	236	Newton	18
De Kalb	72	Noble	224
Dearborn	155	Orange	136
Decatur	203	Owen	68
Delaware	485	Parke	60
Dubois	244	Perry	93
Elkhart	887	Pike	77
Fayette	180	Porter	341
Floyd	270	Posey	116
Fountain	20	Putnam	132
Gibson	291	Randolph	77
Grant	630	Ripley	56
Greene	76	Rush	78
Hamilton	346	Scott	142
Hancock	104	Shelby	146
Harrison	50	Spencer	22
Hendricks	166	St. Joseph	1,849
Henry	214	Steuben	76
Howard	436	Tippecanoe	1,520
Huntington	129	Union	50
Jackson	272	Vanderburgh	1,324
Jasper	40	Vermillion	148
Jay	36	Vigo	528
Jefferson	351	Wabash	215
Jennings	8	Warrick	120
Johnson	526	Washington	49
Knox	293	Wayne	733
Kosciusko	146	Wells	145
La Porte	794	White	62
Lagrange	32	Whitley	30
		Total	33,342

Housing Condition

Measures of housing condition are relatively scarce. Unless comprehensive surveys have been taken, the best source of current data on housing conditions at the state and local levels is the C2SS. Although the C2SS represents only a sample of housing units, it is the only source of updated condition data. C2SS data contain a number of indicators of housing quality, including type of heating fuel, occupancy, and plumbing facilities. In addition to measuring housing conditions, such variables are also good indicators of community development needs, particularly of weaknesses in public infrastructure.

Plumbing. The adequacy of indoor plumbing facilities is often used as a proxy for housing conditions. The C2SS reported 11,000 units, or 0.4 percent of all units in the State, as lacking complete plumbing facilities. This represents an improvement over both 1990, when a figure of 0.7

percent was reported for inadequate plumbing, and 1980, when 2 percent of the State's housing units had inadequate facilities. In 1990, counties with the highest percentage of housing units with inadequate plumbing were primarily located in rural areas in the southern portion of the State.

Heating fuel. Most housing units in Indiana (56 percent) are heated by gas provided by a utility company. Other popular sources of fuel include electricity and bottled, tank or LP gas. A small number of units (32,964, or 1.3 percent) report heating with wood, and another 7,366 (0.3 percent of units) do not use any fuel. The lack of heating fuel for units other than seasonal units is a likely indicator of housing condition problems.

Kitchens and telephone service. Other indicators of housing condition include the presence of kitchen facilities and the availability of telephone service. Nearly 12,000 units statewide (0.5 percent) lack complete kitchen facilities. A much larger number of units, 103,598 or 5 percent, do not have available telephone service. The lack of telephone service may indicate difficulty paying for housing and potential condition problems.

Water and sewer. There has been a growing awareness and concern in Indiana about the number of housing units relying on unsafe water sources. Unfortunately, the C2SS does not report data on water provisions. In 1990, 74 percent of housing units in the State received water through a public or private water system. Wells were the source of water for 25 percent of the State's housing. Nationally, about 84 percent of housing units are served by public or private systems; wells are the water source for about 15 percent of units.

In addition to water source, water quality is another important consideration. In 1999, the Indiana Department of Environmental Management reported that 93 percent of Indiana's public water systems were in compliance with EPA water-quality standards for the presence of 77 identified contaminants. Water providers must also comply with other environmental regulations to ensure the safety of users. The number of Indiana residents at risk of exposure to harmful contaminants resulting from non-compliant water providers has fallen dramatically. From 1994 to 1999 there was a 97 percent decline in the number of water users dependent on systems that were in significant non-compliance with state and federal regulations.

In 1990, about 68 percent of the State's housing units were served by public sewers. Nearly one-third of the State's units relied on a septic tank for sewage disposal. Nationally, 74 percent of housing units were served by public sewers and 25 percent used septic tanks.

Age. Age can also be a proxy for the condition of housing. As discussed in the following section, units built before 1940 are most likely to contain lead based paint. (Units built between 1940 and 1978 have a lesser risk of having lead based paint. After 1978, lead was removed from household paint.) However, depending on construction methods, levels of renovation and other factors, many of these older units may have few if any condition problems. The C2SS estimates that 20 percent of the State's housing was built before 1940, when the risk of lead based paint is the highest. More than 70 percent of the housing stock was built before 1979. Exhibit IV-4 on the following page presents the distribution of housing units in the State by age.

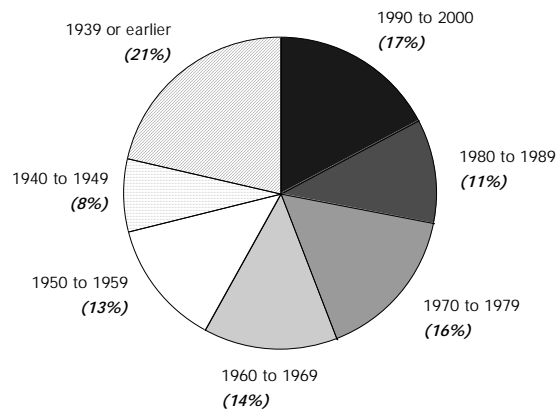
Exhibit IV-4.
Housing Units by Year Built

Note:

May not add to 100% due to households for which data were not completed.

Source:

Census 2000 Supplementary Survey.



Overcrowding. A final measure of housing conditions is overcrowding. The C2SS estimates that, in 2000, 1.7 percent of the State's occupied housing units, or 42,000 units, were crowded, which is defined as more than 1.01 persons per room. Less than 1 percent of the State's housing units were severely crowded (more than 1.51 persons per room). These data compare favorably to national averages of 3.1 percent of units that were crowded and 1.1 percent severely crowded in 2000.

Lead Safe Housing

Environmental issues are also important to acknowledge when considering the availability, affordability and quality of housing. Exposure to lead based paint represents one of the most significant environmental threats from a housing perspective.

Dangers of lead-based paint. Childhood lead poisoning is one of the major environmental health hazards facing American children today. As the most common high-dose source of lead exposure for children, lead-based paint was banned from residential paint in 1978. Housing built prior to 1978 is considered to have some risk, but housing built prior to 1940 is considered to have the highest risk. Children are exposed to lead poisoning through paint debris, dust and particles released into the air, which mostly occurs during renovation. Young children are most at risk because they have more hand-to-mouth activity and absorb more lead than adults.

Excessive exposure to lead can slow or permanently damage the mental and physical development of children ages six and under. An elevated blood level of lead in young children can result in learning disabilities, behavioral problems, mental retardation and seizures. In adults, elevated levels can decrease reaction time, cause weakness in fingers, wrists or ankles, and possibly affect memory or cause anemia. The severity of these results is dependent on the degree and duration of the elevated level of lead in the blood.

Lead-poisoned children have special housing needs. The primary treatment for lead poisoning is to remove the child from exposure to lead sources. This involves moving the child's family into temporary or permanent lead-safe housing. Lead-safe housing is the only effective medical treatment for poisoned children and is the primary means by which lead poisoning among young children can be prevented. Many communities have yet to plan and develop adequate facilities to house families who need protection from lead hazards.

Extent of the problem. Factors that contribute to community risk for lead based paint include the age and condition of housing, poverty and property tenure, families with young children, and the presence of lead poisoning cases. Homes built before 1940 on average have paint with 50 percent lead composition. Inadequately maintained homes and apartments (often low income) are more likely to suffer from a range of lead hazard problems, including chipped and peeling paint and weathered window surfaces.

Approximately 1.8 million housing units in Indiana – more than 70 percent of the total housing stock – were built before 1978. About 540,000 units, or 21 percent of the housing stock, are pre-1940. Urban areas typically have the highest percentages of pre-1940 housing stock, although the State's non-entitlement areas together have about the same percentage of pre-1940 units as the state overall.

The Centers for Disease Control and Prevention reports that from 1995 to 1999, 144,000 Indiana children were screened for lead. Nine percent of these children were determined to have elevated levels of lead in their blood.

Available resources. The Residential Lead-Based Hazard Reduction Act of 1992 (commonly referred to as Title X) supports widespread prevention efforts of lead poisoning from lead-based paint. The Title X program provides grants of between \$1 million and \$6 million to states and local governments for lead abatement in privately owned housing or housing units on Superfund/Brownfield sites. Since the program's inception in 1993, approximately \$435 million in grants have been awarded to 31 states and the District of Columbia. Neither the State of Indiana, nor any jurisdiction within the State, has received any funding under this program.

In addition to available funding from the Title X program, recent changes to the Community Development Block Grant (CDBG) program have added lead based paint abatement to eligible activities for CDBG funding. In order to receive Title X or CDBG funding, states must enact legislation regarding lead-based paint that includes requirements of accreditation or certification for contractors who remove lead-based paint. Indiana adopted such legislation in 1997 (Indiana Code, 13-17-14).

The State of Indiana Department of Environmental Management (IDEM), in conjunction with the Department of Health and the Marion County Health Department, developed the "Lead for 2000" campaign. Initiated in 1998, the campaign was aimed at reducing the incidence of childhood exposure to harmful lead-based contaminants. Since 1998, IDEM has trained more than 100 lead assessors, and they have completed more than 1,300 lead assessments in homes and child care facilities. This effort entailed training lead-assessors, promoting awareness of the health risks that lead exposure presents, and educating families in methods that they can apply to minimize the risks presented by exposure to lead. These efforts are aimed at private homes as well as child-care facilities when children may be at risk.

In September 2000, HUD adopted new requirements for lead evaluation of multifamily properties that are HUD owned or are project-based rental assistance units and for new applicants of mortgage insurance. In general, the regulations require the testing and repair of all of the properties acquired

or rehabilitated through federal programs. In preparation for the new requirements, IHFA sent a list of the new requirements to its HOME and CDBG recipients and held a training to assist grantees with implementation of the new requirements.

The U.S Department of Energy also updated its regulations in September 2000 for administration of the Weatherization Assistance Program. This action was taken to further protect residents of HUD program housing and other federally owned homes from the dangers of lead-based paint by ensuring proper remediation and mitigation protocol when weatherizing these units.

In January 2001, the Family and Social Services Administration (FSSA) and the Indiana Housing Finance Authority (IHFA) held a training session about these new regulations for Community Action Program agencies and Public Housing Authorities. The goal of the training was to ensure that the organizations affected by the new regulations and guidelines would operate under the same interpretation of the new requirements.

For several years, IHFA has provided funding to The Indiana Association of Community Economic Development and the Environmental Management Institute to provide lead inspection, risk assessor and lead supervision training, certification, and refresher courses. This training will continue in 2002.

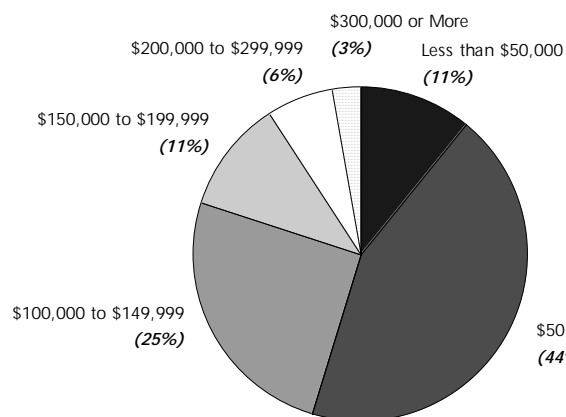
Housing Affordability

Homeownership. Indiana cities commonly rank as the most affordable for homeownership in the quarterly Housing Opportunity Index (HOI) calculated by the National Association of Home Builders (NAHB). The HOI is a measure of the percentage of homes sold during a quarter that a median-income household could afford. In the third quarter 2001 (the most recent data available), Kokomo was the third most affordable city in the nation by the HOI measure, while Elkhart-Goshen ranked as the sixth most affordable. Lafayette and Indianapolis also received high affordability rankings. (Thirteenth and 14th, respectively, out of 186 market areas.)

The C2SS estimated the median owner occupied home price in the State at \$94,767 in 2000. Nearly 45 percent of all units had values between \$50,000 and \$99,999, and nearly 70 percent were valued between \$50,000 and \$149,999. Exhibit IV-5 below presents the price distribution of owner-occupied homes in the State.

Exhibit IV-5.
Owner Occupied Home
Prices

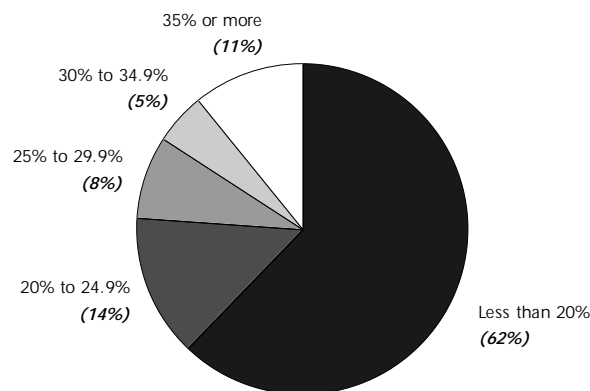
Source:
Census 2000 Supplementary Survey.



Although housing prices in Indiana are still affordable relative to national standards, many Indiana households have difficulty paying for housing. Housing affordability is typically evaluated by assessing the share of household income spent on housing costs. These costs include mortgages, real estate taxes, insurance, utilities, fuels, and, where appropriate, fees such as condominium fees or monthly mobile home costs. Households paying over 30 percent of their income for housing are often categorized as cost burdened. The C2SS reports that 16 percent of all homeowners in the State were paying more than 30 percent of their income for housing in 2000, while 11 percent were paying more than 35 percent. Among homeowners with mortgages, 19 percent were reported as cost burdened, a figure that drops to eight percent when considering homeowners without mortgages. According to the C2SS, nearly 217,000 Indiana homeowners spend more than 30 percent of their incomes on housing. Exhibit IV-6 presents these data.

Exhibit IV-6.
Percent of Homeowner
Income Paid for Housing
Costs

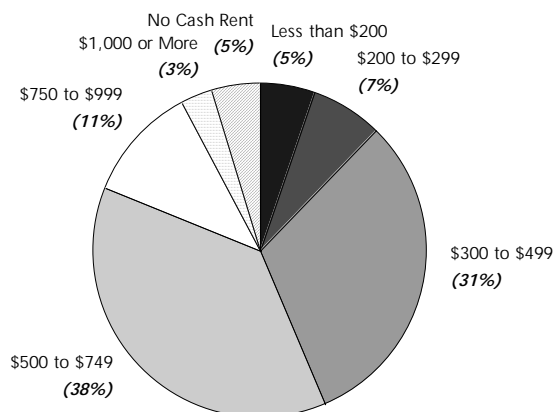
Source:
Census 2000 Supplementary Survey.



Renters. Similar C2SS data is available for renter and homeowner households. According to the C2SS, the median gross rent, statewide, was \$521 per month in 2000. Gross rent includes contract rent plus utilities and fuels if they are paid by the renter. Nearly one-third of all statewide units were estimated to rent for \$300 to \$499 in 2000, while another 38 percent were estimated to rent for \$500 to \$749. The distribution of statewide rents is presented in Exhibit IV-7 below.

Exhibit IV-7.
Distribution of Statewide
Rents

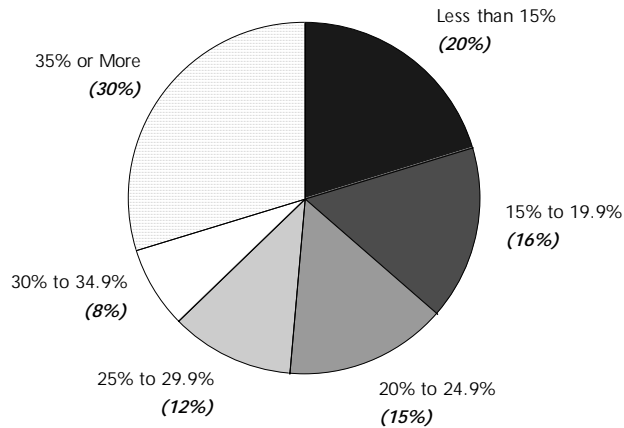
Source:
Census 2000 Supplementary Survey.



As in the case of owner-occupied homes, rent burdens can be evaluated by comparing rent costs to household incomes. The C2SS estimates that 37 percent of Indiana renters pay more than 30 percent of their incomes for housing, with most of these (30 percent of renters) paying more than 35 percent of their incomes. Although rental units constituted 26 percent of the State's housing units in 2000, the 220,000 cost burdened rental households exceeded the 217,000 cost burdened owner occupied households. Exhibit IV-8 presents the share of income paid by Indiana renters for housing.

Exhibit IV-8.
Percent of Renter Income
Paid for Housing Costs

Source:
Census 2000 Supplementary Survey.



Barriers to Affordable Housing

The State of Indiana traditionally has followed the philosophy that local leaders should have control over local issues. As such, most of the laws affecting housing and zoning have been created at the urging of local jurisdictions and implemented at local discretion. Indiana is a "home rule" state, meaning that local jurisdictions may enact ordinances that are not expressly prohibited by or reserved to the State.

Tax policies. Indiana communities' primary revenue source is the property tax. Taxes are based on a formula that assesses replacement value of the structure within its use classification. Single family homes are assessed as residential; multi family property is assessed as commercial. Condition, depreciation and neighborhood are factored in to the tax assessment. Commercial rates are higher than residential rates; however, real estate taxes are a deductible business expense.

Zoning ordinances and land use controls. There is no state level land use planning in Indiana. State enabling legislation allows jurisdictions to control land use on a local level. Cities or counties must first establish a planning commission and adopt a comprehensive plan before enacting a zoning ordinance. A recent study completed by the Indiana Chapter of the American Planning Association identified that roughly 200 cities and counties have planning commissions in place.

In addition to local land use controls, certain federal or state environmental mandates exist. For instance, residential units may not be constructed in a designated flood plain. The Indiana Department of Environmental Management directs most of the Environmental Protection Agency regulations for the State.

Certain neighborhoods have been designated historic districts by local communities. In these areas, exterior appearance is usually controlled by a board of review, which is largely made up of area residents. As with zoning, there is an appeals process for review of adverse decisions. These types of land use controls should not preclude development of low income housing; they simply regulate the development so that it does not adversely affect the existing neighborhood.

Some developments impose their own site design controls. Such controls are limited to a specific geographic area, enforced through deed covenants, and designed to maintain property value and quality of life. For example, apartment complexes may be required to provide sufficient "green space" to allow for children's play areas.

Many local zoning codes require an exception or variance for the placement of manufactured housing. This makes it more difficult to utilize manufactured housing as an affordable housing alternative.

Subdivision standards. The State of Indiana authorizes jurisdictions to develop local subdivision control ordinances. Legislation describes the types of features local governments can regulate and provides a framework for local subdivision review and approval. Subdivision ordinances can drive up the costs of housing depending on the subdivision regulations. For example, large lot development, extensive infrastructure improvements such as sidewalks or tree lawns can add to development costs and force up housing prices. The State encourages local communities to review local subdivision requirements to be sure they do not impede the development of affordable housing.

Building codes. The State has adopted a statewide uniform building code based on a recognized national code. These minimal building construction standards are designed solely to protect the health and welfare of the community and the occupants. Planners point out that it is not uncommon for builders to exceed the minimum building code.

The recently updated State building code includes a provision aimed at ensuring compliance with the accessibility standards established under the federal Americans With Disabilities Act (ADA).

Permits and fees. Local building permits, filing and recording fees, fees for debris removal, and fees for weed removal are the most common fees and charges applicable to affordable housing. All appear to be nominal amounts and not sufficient to deter construction or rehabilitation of low- and moderate-income housing. Some exceptions may apply to the provision of manufactured housing.

Growth limits. Few communities within Indiana are facing insurmountable growth pressures. Some communities have been forced to slow growth so that municipal services and infrastructure can be expanded to support new growth areas. However, these measures address temporary gaps in service and do not reflect long-term policies.

Excessive exclusionary, discriminatory or duplicative policies. In developing this housing strategy, the State has not been able to identify any excessive exclusionary, discriminatory or duplicative local policies that are permitted by state laws and policies.

Ameliorating negative effects of policies, rules or regulations. Over the next five years, Indiana expects to see further consolidation of housing programs at the state level and concurrently, maturation of the associated programs and policies, as well as further decentralization of service provision. Interviews and regional forums did not surface many concerns regarding state and local policies as deterrent to the production of affordable housing.

Summary

The housing market analysis conducted for the 2002 Update incorporated new data from the 2000 Census to portray the following housing market conditions in the State:

- In 2000, there were approximately 2.5 million housing units in the State. The State's homeownership rate was 66 percent, the same as the national rate. Seventy percent of housing units in Indiana was reported to be single family, detached homes. The median number of rooms per housing unit was 5.9.
- The 2001 statewide homeownership vacancy rate was estimated at a very low 1.6 percent. The 2001 rental vacancy rate was estimated at 10.3 percent, which is lower than the rate in 2000, but still well above the 7.3 percent average rate over the last 15 years.
- As of March 2002, the State had about 33,000 units of Section 8 expiring use properties. These properties are at risk of converting to market rate unit and, as such, may lose their affordability.
- The Census 2000 Supplementary Survey (C2SS) estimated the median owner occupied home price in the State at \$94,767 in 2000. Respondents to the community survey estimated the average single family starter home to be \$70,948 in 2002. The variance in estimates reflects the apparent difference in affordability for the State overall (measured by the C2SS) compared with nonentitlement areas (measured by the community survey). The C2SS estimated the median gross rent for the State at \$521 per month in 2000. Survey respondents estimated the average rent for a 2 bedroom apartment to range from \$450 to \$520.
- Although housing prices in Indiana are still affordable relative to national standards, a significant number of Indiana renters and homeowners are paying more than 30 percent of their incomes in housing and are cost burdened.
- An analysis of regulatory barriers to affordable housing *at the state level* revealed few barriers in tax policies, zoning ordinances and land use controls, building codes, permits and fees, or other policies prohibiting development of affordable housing.

Socioeconomic and Housing Market Data

Provided for State Public Housing Authorities in
Nonentitlement Counties

POPULATION (2000): 33,625

RATE OF CHANGE (1990 to 2000): 8.1%

COUNTY SEAT: DECATUR (POP. 9,528)

LARGEST CITY: DECATUR (POP. 9,528)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,702	8.0%
5 to 9 years	2,994	8.9%
10 to 17 years	4,758	14.2%
18 to 24 years	3,062	9.1%
25 to 34 years	4,131	12.3%
35 to 44 years	4,720	14.0%
45 to 54 years	4,029	12.0%
55 to 64 years	2,723	8.1%
65 to 69 years	987	2.9%
70 to 74 years	1,027	3.1%
75 to 84 years	1,766	5.3%
85 + years	726	2.2%
Total	33,625	100.0%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	32,203	95.8%
Black or African-American	43	0.1%
American Indian or Alaska Native	48	0.1%
Asian	65	0.2%
Native Hawaiian or Other Pacific Islander	7	0.0%
Some other race	5	0.0%
Population of two or more races	136	0.4%
Hispanic or Latino	1,118	3.3%
Total	33,625	100.0%

AVERAGE HOUSEHOLD SIZE, 2000: 2.81**AVERAGE FAMILY SIZE, 2000: 3.37****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.36
Black or African-American	3.00
American Indian or Alaska Native	3.50
Asian	3.60
Native Hawaiian or Other Pacific Islander	2.00
Some other race	3.91
Population of two or more races	3.40
Hispanic or Latino	3.58
Average, all races	3.37

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.6%	8.3%
Two person household	14.1%	6.7%

MEDIAN FAMILY INCOME, 2002:**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	
Very low (31 to 50% of median)	
Low (51 to 80 % of median)	

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	58.0%
Very low (31 to 50% of median)	39.0%
Low (51 to 80% of median)	21.0%
Moderate (81 to 100% of median)	5.0%

housing market data

NUMBER OF HOUSING UNITS: 12,404

PERCENT OCCUPIED: 95.3%

PERCENT VACANT: 4.7%

OWNER-OCCUPIED VACANCY RATE: 1.0%

RENTAL VACANCY RATE: 6.9%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	83.2%	16.8%
Black or African-American	60.0%	40.0%
American Indian or Alaska Native	51.5%	48.5%
Asian	62.9%	37.1%
Native Hawaiian or Other Pacific Islander	100.0%	0.0%
Some other race	73.6%	26.4%
Population of two or more races	70.1%	29.9%
Hispanic or Latino	73.6%	26.4%

EXPIRING USE UNITS:

Number: 223

HOUSING STOCK BUILT BEFORE 1939

Percent: 29.1%

HOUSING STOCK BUILT BEFORE 1979

Percent: 74.5%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	177
Section 42	83
100% Section 8	236

Subsidized rental units/total number of units:

Percent: 71%

SPECIAL NEEDS POPULATIONS

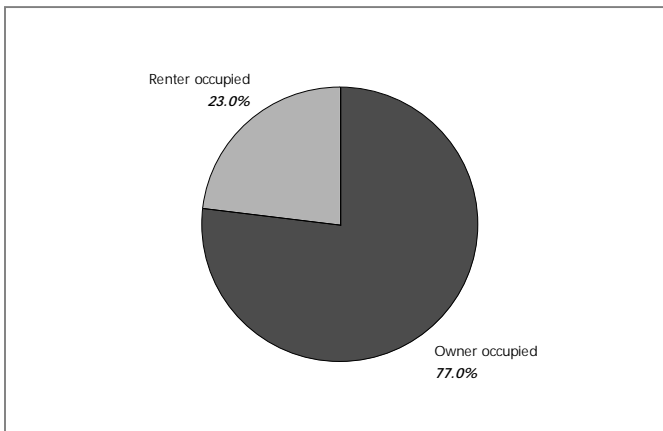
Number of AIDS cases: 4

Number of HIV cases: 5

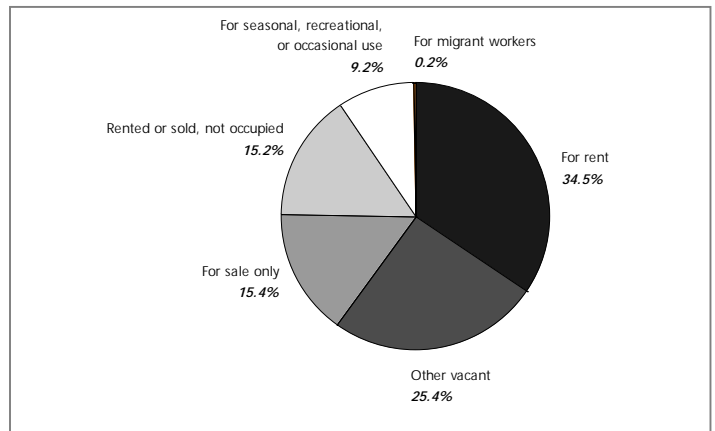
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.1%
Age 65 and over	11.2%
Age 75 +	30.2%
Total	6.6%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 71,435

RATE OF CHANGE (1990 to 2000): 12.2%

COUNTY SEAT: COLUMBUS (POP. 39,059)

LARGEST CITY: COLUMBUS (POP. 39,059)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	5,260	7.4%
5 to 9 years	5,441	7.6%
10 to 17 years	8,250	11.5%
18 to 24 years	5,491	7.7%
25 to 34 years	9,928	13.9%
35 to 44 years	11,253	15.8%
45 to 54 years	10,136	14.2%
55 to 64 years	7,024	9.8%
65 to 69 years	2,576	3.6%
70 to 74 years	2,144	3.0%
75 to 84 years	2,973	4.2%
85 + years	959	1.3%
Total	71,435	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	66,422	93.0%
Black or African-American	1,281	1.8%
American Indian or Alaska Native	99	0.1%
Asian	1,344	1.9%
Native Hawaiian or Other Pacific Islander	17	0.0%
Some other race	106	0.1%
Population of two or more races	568	0.8%
Hispanic or Latino	1,598	2.2%
Total	71,435	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.52**AVERAGE FAMILY SIZE, 2000: 2.98****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.97
Black or African-American	3.18
American Indian or Alaska Native	2.93
Asian	3.08
Native Hawaiian or Other Pacific Islander	2.20
Some other race	3.64
Population of two or more races	3.41
Hispanic or Latino	3.57
Average, all races	2.98

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	8.8%	4.8%
Two person household	12.7%	5.2%

MEDIAN FAMILY INCOME, 2002: \$60,300**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$16,300
Very low (31 to 50% of median)	\$27,150
Low (51 to 80 % of median)	\$43,400

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	71%
Very low (31 to 50% of median)	47%
Low (51 to 80% of median)	19%
Moderate (81 to 100% of median)	4%

housing market data

NUMBER OF HOUSING UNITS: 29,853

PERCENT OCCUPIED: 93.6%

PERCENT VACANT: 6.4%

OWNER-OCCUPIED VACANCY RATE: 1.9%

RENTAL VACANCY RATE: 8.5%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	78.5%	21.5%
Black or African-American	54.2%	45.8%
American Indian or Alaska Native	47.9%	52.1%
Asian	45.4%	54.6%
Native Hawaiian or Other Pacific Islander	43.8%	56.3%
Some other race	23.6%	76.4%
Population of two or more races	57.1%	42.9%
Hispanic or Latino	32.3%	67.7%

EXPIRING USE UNITS:

Number: 465

HOUSING STOCK BUILT BEFORE 1939

Percent: 15.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 73.7%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	0
Section 42	331
100% Section 8	459

Subsidized rental units/total number of units:

Percent: 33%

SPECIAL NEEDS POPULATIONS

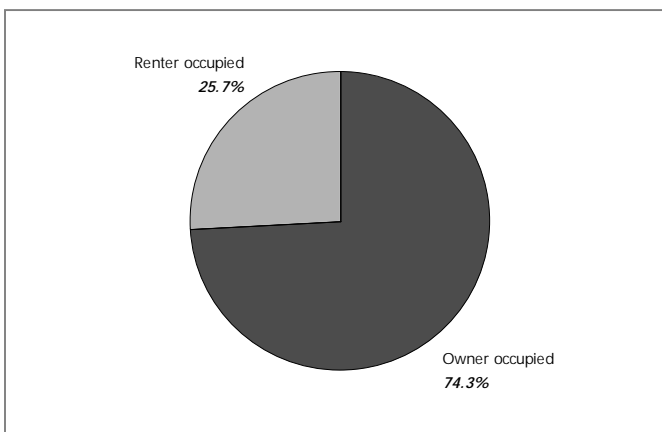
Number of AIDS cases: 46

Number of HIV cases: 23

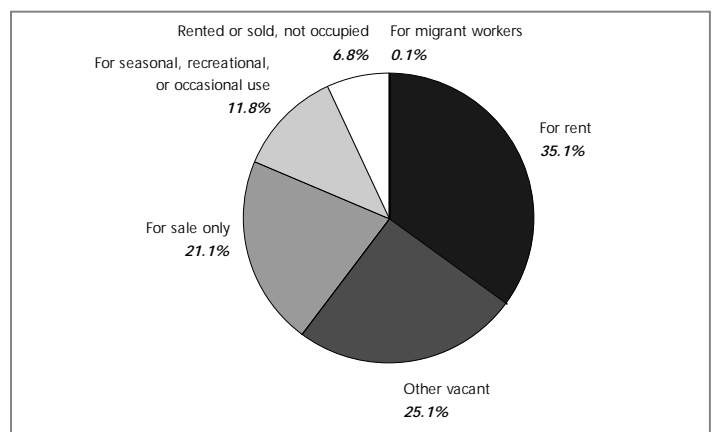
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.8%
Age 65 and over	14%
Age 75 +	26.7%
Total	5.9%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 40,930

RATE OF CHANGE (1990 to 2000): 6.6%

COUNTY SEAT: LOGANSPORT (POP. 19,684)

LARGEST CITY: LOGANSPORT (POP. 19,684)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,846	7.0%
5 to 9 years	2,772	6.8%
10 to 17 years	4,968	12.1%
18 to 24 years	3,563	8.7%
25 to 34 years	5,273	12.9%
35 to 44 years	6,340	15.5%
45 to 54 years	5,393	13.2%
55 to 64 years	3,853	9.4%
65 to 69 years	1,536	3.8%
70 to 74 years	1,459	3.6%
75 to 84 years	2,222	5.4%
85 + years	705	1.7%
Total	40,930	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	36,921	90.2%
Black or African-American	499	1.2%
American Indian or Alaska Native	90	0.2%
Asian	204	0.5%
Native Hawaiian or Other Pacific Islander	10	0.0%
Some other race	19	0.0%
Population of two or more races	282	0.7%
Hispanic or Latino	2,905	7.1%
Total	40,930	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.53**AVERAGE FAMILY SIZE, 2000: 3.01****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.95
Black or African-American	3.30
American Indian or Alaska Native	3.59
Asian	3.64
Native Hawaiian or Other Pacific Islander	3.67
Some other race	4.37
Population of two or more races	3.69
Hispanic or Latino	4.27
Average, all races	3.01

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.8%	7.6%
Two person household	14.9%	6.5%

MEDIAN FAMILY INCOME, 2002: \$50,300**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	72%
Very low (31 to 50% of median)	39%
Low (51 to 80% of median)	15%
Moderate (81 to 100% of median)	8%

housing market data

NUMBER OF HOUSING UNITS: 16,620

PERCENT OCCUPIED: 94.6%

PERCENT VACANT: 5.4%

OWNER-OCCUPIED VACANCY RATE: 1.0%

RENTAL VACANCY RATE: 4.5%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	78.1%	21.9%
Black or African-American	43.4%	56.6%
American Indian or Alaska Native	50.4%	49.6%
Asian	47.1%	52.9%
Native Hawaiian or Other Pacific Islander	23.5%	76.5%
Some other race	28.8%	71.2%
Population of two or more races	41.9%	58.1%
Hispanic or Latino	25.0%	75.0%

EXPIRING USE UNITS:

Number: 394

HOUSING STOCK BUILT BEFORE 1939

Percent: 38.2%

HOUSING STOCK BUILT BEFORE 1979

Percent: 86.8%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	0
Section 42	112
100% Section 8	453

Subsidized rental units/total number of units:

Percent: 58%

SPECIAL NEEDS POPULATIONS

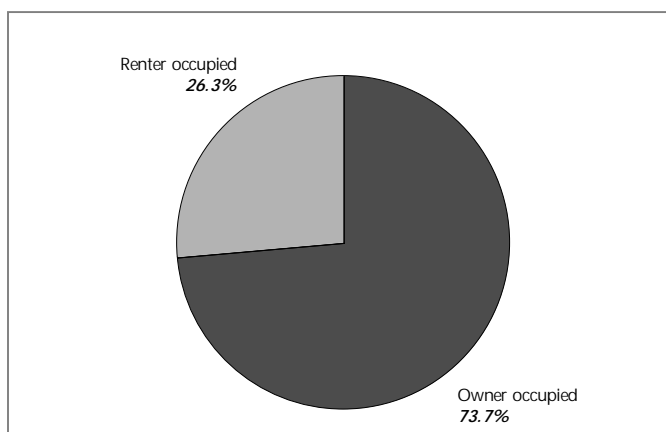
Number of AIDS cases: 17

Number of HIV cases: 10

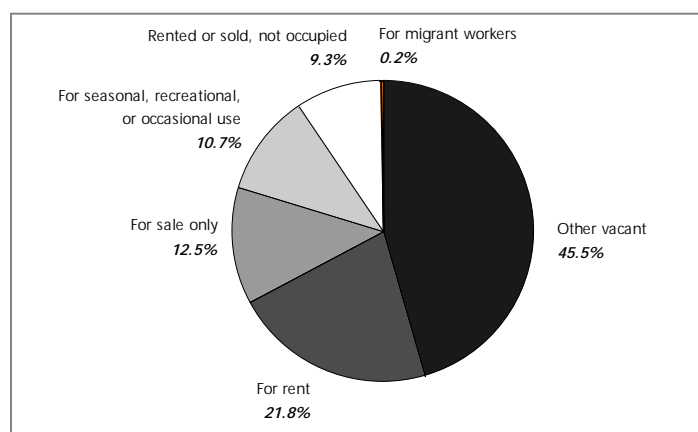
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.8%
Age 65 and over	11%
Age 75 +	26.1%
Total	6.4%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 96,472
RATE OF CHANGE (1990 to 2000): 9.9%

COUNTY SEAT: JEFFERSONVILLE (POP. 27,362)
LARGEST CITY: JEFFERSONVILLE (POP. 27,362)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	6,510	6.7%
5 to 9 years	6,502	6.7%
10 to 17 years	10,364	10.7%
18 to 24 years	8,656	9.0%
25 to 34 years	13,870	14.4%
35 to 44 years	15,687	16.3%
45 to 54 years	13,952	14.5%
55 to 64 years	9,054	9.4%
65 to 69 years	3,373	3.5%
70 to 74 years	3,144	3.3%
75 to 84 years	4,045	4.2%
85 + years	1,315	1.4%
Total	96,472	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	86,194	89.3%
Black or African-American	6,345	6.6%
American Indian or Alaska Native	218	0.2%
Asian	565	0.6%
Native Hawaiian or Other Pacific Islander	30	0.0%
Some other race	102	0.1%
Population of two or more races	1,219	1.3%
Hispanic or Latino	1,799	1.9%
Total	96,472	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.45

AVERAGE FAMILY SIZE, 2000: 2.95

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	2.92
Black or African-American	3.20
American Indian or Alaska Native	2.98
Asian	3.30
Native Hawaiian or Other Pacific Islander	4.57
Some other race	3.66
Population of two or more races	3.11
Hispanic or Latino	3.46
Average, all races	2.95

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	9.2%	5.0%
Two person household	14.2%	5.6%

MEDIAN FAMILY INCOME, 2002: \$56,300

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$15,200
Very low (31 to 50% of median)	\$25,300
Low (51 to 80 % of median)	\$40,550

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	62%
Very low (31 to 50% of median)	52%
Low (51 to 80% of median)	23%
Moderate (81 to 100% of median)	7%

housing market data

NUMBER OF HOUSING UNITS: 41,176

PERCENT OCCUPIED: 94.1%

PERCENT VACANT: 5.9%

OWNER-OCCUPIED VACANCY RATE: 1.6%

RENTAL VACANCY RATE: 8.0%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	75.8%	24.2%
Black or African-American	44.9%	55.1%
American Indian or Alaska Native	54.9%	45.1%
Asian	57.7%	42.3%
Native Hawaiian or Other Pacific Islander	81.1%	18.9%
Some other race	25.0%	75.0%
Population of two or more races	51.0%	49.0%
Hispanic or Latino	31.1%	68.9%

EXPIRING USE UNITS:

Number: 870

HOUSING STOCK BUILT BEFORE 1939

Percent: 10.5%

HOUSING STOCK BUILT BEFORE 1979

Percent: 73.8%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	66
Section 202	401
Section 236	100
100% Section 8	864
Other	312

Subsidized rental units/total number of units:

Percent: 31.0%

SPECIAL NEEDS POPULATIONS

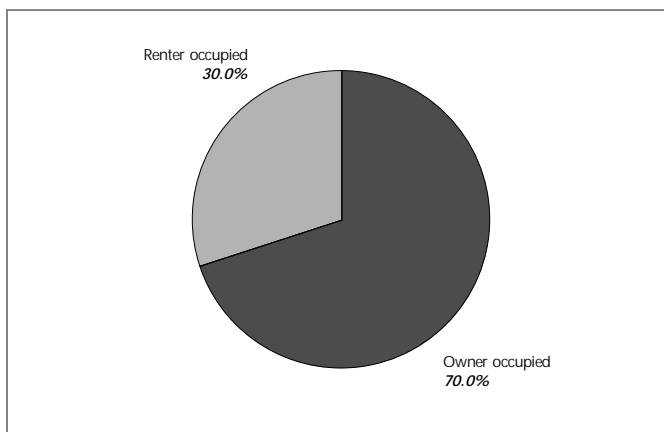
Number of AIDS cases: 81

Number of HIV cases: 62

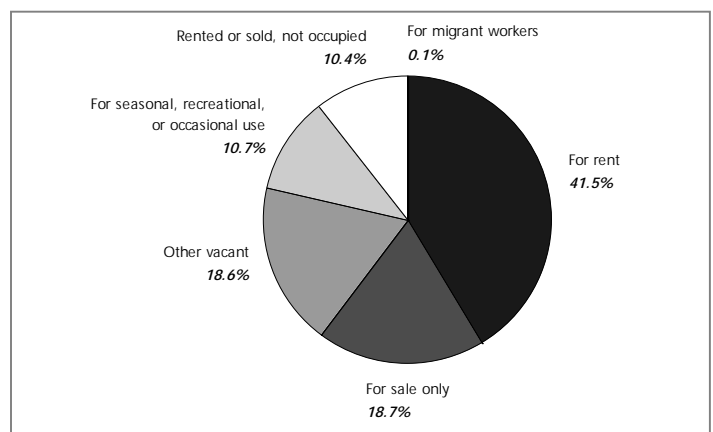
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.6%
Age 65 and over	15.3%
Age 75 +	30.6%
Total	7.0%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 26,556
RATE OF CHANGE (1990 to 2000): 7.5%

COUNTY SEAT: BRAZIL (POP. 8,188)
LARGEST CITY: BRAZIL (POP. 8,188)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,743	6.6%
5 to 9 years	1,912	7.2%
10 to 17 years	3,275	12.3%
18 to 24 years	2,281	8.6%
25 to 34 years	3,258	12.3%
35 to 44 years	4,112	15.5%
45 to 54 years	3,499	13.2%
55 to 64 years	2,464	9.3%
65 to 69 years	1,019	3.8%
70 to 74 years	1,012	3.8%
75 to 84 years	1,444	5.4%
85 + years	537	2.0%
Total	26,556	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	26,038	98.0%
Black or African-American	86	0.3%
American Indian or Alaska Native	55	0.2%
Asian	28	0.1%
Native Hawaiian or Other Pacific Islander	4	0.0%
Some other race	21	0.1%
Population of two or more races	169	0.6%
Hispanic or Latino	155	0.6%
Total	26,556	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.57

AVERAGE FAMILY SIZE, 2000: 3.03

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	3.02
Black or African-American	3.10
American Indian or Alaska Native	3.84
Asian	4.50
Native Hawaiian or Other Pacific Islander	3.00
Some other race	3.83
Population of two or more races	3.21
Hispanic or Latino	3.14
Average, all races	3.03

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.3%	6.1%
Two person household	13.4%	5.6%

MEDIAN FAMILY INCOME, 2002: \$47,400

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	60%
Very low (31 to 50% of median)	39%
Low (51 to 80% of median)	10%
Moderate (81 to 100% of median)	3%

housing market data

NUMBER OF HOUSING UNITS: 11,097

PERCENT OCCUPIED: 92.1%

PERCENT VACANT: 7.9%

OWNER-OCCUPIED VACANCY RATE: 1.8%

RENTAL VACANCY RATE: 7.9%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	81.5%	18.5%
Black or African-American	76.2%	23.8%
American Indian or Alaska Native	72.3%	27.7%
Asian	83.3%	16.7%
Native Hawaiian or Other Pacific Islander	100.0%	0.0%
Some other race	65.6%	34.4%
Population of two or more races	73.1%	26.9%
Hispanic or Latino	81.1%	18.9%

EXPIRING USE UNITS:

Number: 0

HOUSING STOCK BUILT BEFORE 1939

Percent: 33.6%

HOUSING STOCK BUILT BEFORE 1979

Percent: 83.6%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	110
Section 42 & Rural Development	32
Section 236	0
100% Section 8	300

Subsidized rental units/total number of units:

Percent: 93%

SPECIAL NEEDS POPULATIONS

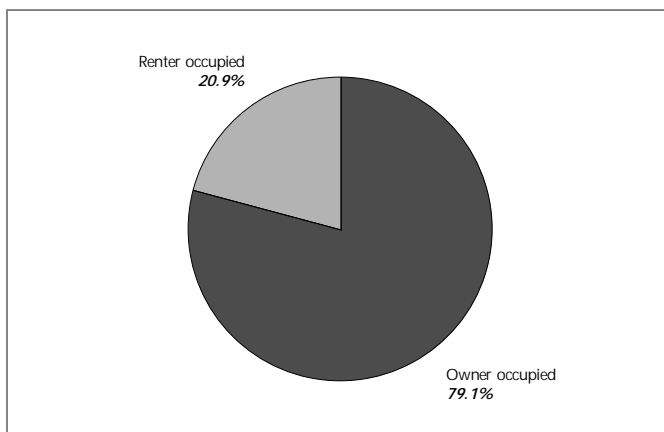
Number of AIDS cases: 9

Number of HIV cases: 9

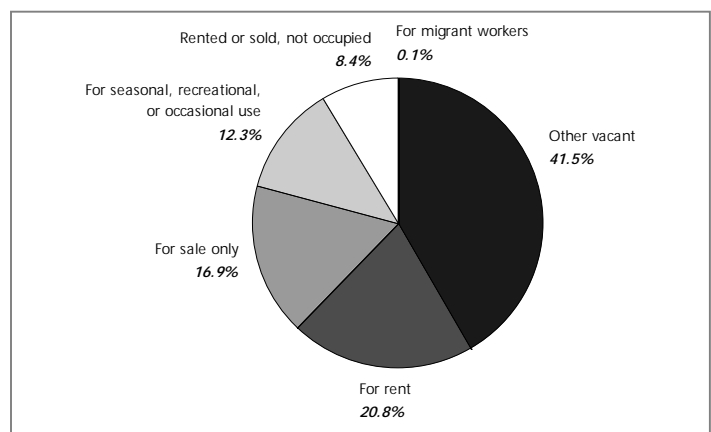
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.9%
Age 65 and over	16.9%
Age 75 +	30.1%
Total	8.5%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 29,820

RATE OF CHANGE (1990 to 2000): 8.3%

COUNTY SEAT: WASHINGTON (POP. 11,380)

LARGEST CITY: WASHINGTON (POP. 11,380)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,275	7.6%
5 to 9 years	2,422	8.1%
10 to 17 years	3,937	13.2%
18 to 24 years	2,550	8.6%
25 to 34 years	3,517	11.8%
35 to 44 years	4,289	14.4%
45 to 54 years	3,775	12.7%
55 to 64 years	2,697	9.0%
65 to 69 years	1,067	3.6%
70 to 74 years	1,066	3.6%
75 to 84 years	1,665	5.6%
85 + years	560	1.9%
Total	29,820	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	28,815	96.6%
Black or African-American	123	0.4%
American Indian or Alaska Native	61	0.2%
Asian	71	0.2%
Native Hawaiian or Other Pacific Islander	2	0.0%
Some other race	2	0.0%
Population of two or more races	126	0.4%
Hispanic or Latino	620	2.1%
Total	29,820	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.69**AVERAGE FAMILY SIZE, 2000: 3.24****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.22
Black or African-American	3.19
American Indian or Alaska Native	3.41
Asian	3.23
Native Hawaiian or Other Pacific Islander	8.00
Some other race	4.75
Population of two or more races	3.52
Hispanic or Latino	4.46
Average, all races	3.24

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	12.3%	7.9%
Two person household	14.6%	6.4%

MEDIAN FAMILY INCOME, 2002: \$42,400**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	60%
Very low (31 to 50% of median)	30%
Low (51 to 80% of median)	11%
Moderate (81 to 100% of median)	7%

housing market data

NUMBER OF HOUSING UNITS: 11,898

PERCENT OCCUPIED: 91.6%

PERCENT VACANT: 8.4%

OWNER-OCCUPIED VACANCY RATE: 1.9%

RENTAL VACANCY RATE: 9.0%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	82.8%	17.2%
Black or African-American	55.1%	44.9%
American Indian or Alaska Native	55.2%	44.8%
Asian	70.2%	29.8%
Native Hawaiian or Other Pacific Islander	0.0%	100.0%
Some other race	24.0%	76.0%
Population of two or more races	77.5%	22.5%
Hispanic or Latino	35.7%	64.3%

EXPIRING USE UNITS:

Number: 236

HOUSING STOCK BUILT BEFORE 1939

Percent: 27.0%

HOUSING STOCK BUILT BEFORE 1979

Percent: 77.9%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	16
Section 42	0
100% Section 8	168

Subsidized rental units/total number of units:

Percent: 42%

SPECIAL NEEDS POPULATIONS

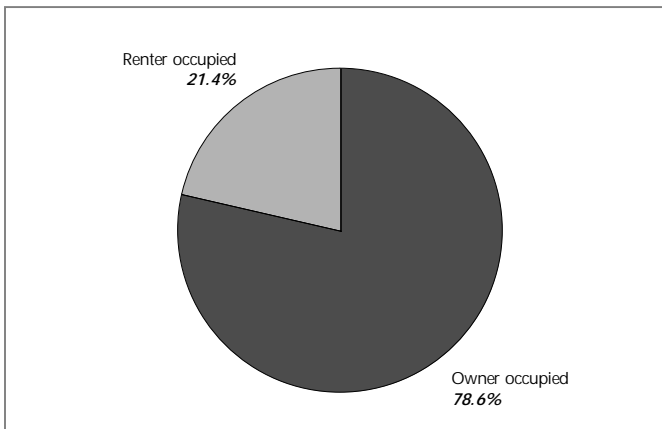
Number of AIDS cases: 13

Number of HIV cases: 4

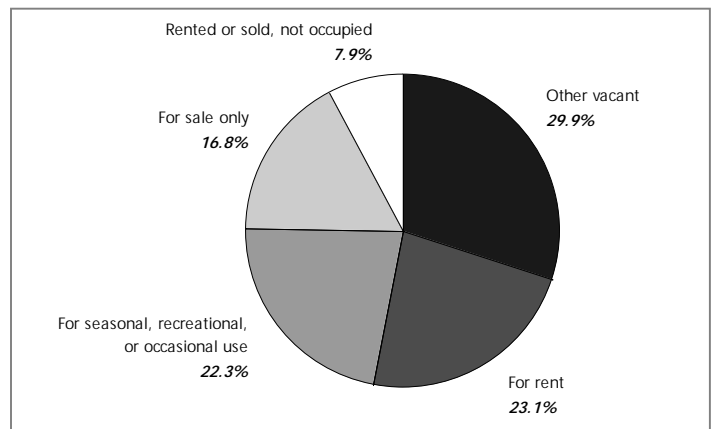
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.4%
Age 65 and over	8.4%
Age 75 +	27.5%
Total	6.8%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 46,109

RATE OF CHANGE (1990 to 2000): 18.7%

COUNTY SEAT: LAWRENCEBURG (POP. 4,685)

LARGEST CITY: LAWRENCEBURG (POP. 4,685)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	3,153	6.8%
5 to 9 years	3,467	7.5%
10 to 17 years	6,114	13.3%
18 to 24 years	3,573	7.7%
25 to 34 years	5,827	12.6%
35 to 44 years	8,075	17.5%
45 to 54 years	6,598	14.3%
55 to 64 years	4,144	9.0%
65 to 69 years	1,519	3.3%
70 to 74 years	1,380	3.0%
75 to 84 years	1,705	3.7%
85 + years	554	1.2%
Total	46,109	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	45,048	97.7%
Black or African-American	285	0.6%
American Indian or Alaska Native	68	0.1%
Asian	122	0.3%
Native Hawaiian or Other Pacific Islander	11	0.0%
Some other race	23	0.0%
Population of two or more races	286	0.6%
Hispanic or Latino	266	0.6%
Total	46,109	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.71**AVERAGE FAMILY SIZE, 2000: 3.13****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.13
Black or African-American	3.16
American Indian or Alaska Native	3.11
Asian	3.42
Native Hawaiian or Other Pacific Islander	3.67
Some other race	4.38
Population of two or more races	2.97
Hispanic or Latino	3.42
Average, all races	3.13

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.8%	6.6%
Two person household	15.5%	6.6%

MEDIAN FAMILY INCOME, 2002: \$64,300**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$17,350
Very low (31 to 50% of median)	\$28,950
Low (51 to 80 % of median)	\$46,300

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	71%
Very low (31 to 50% of median)	38%
Low (51 to 80% of median)	14%
Moderate (81 to 100% of median)	8%

housing market data

NUMBER OF HOUSING UNITS: 17,791

PERCENT OCCUPIED: 94.6%

PERCENT VACANT: 5.4%

OWNER-OCCUPIED VACANCY RATE: 1.0%

RENTAL VACANCY RATE: 7.9%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	82.2%	17.8%
Black or African-American	50.0%	50.0%
American Indian or Alaska Native	55.6%	44.4%
Asian	74.3%	25.7%
Native Hawaiian or Other Pacific Islander	86.7%	13.3%
Some other race	55.2%	44.8%
Population of two or more races	68.7%	31.3%
Hispanic or Latino	56.5%	43.5%

EXPIRING USE UNITS:

Number: 155

HOUSING STOCK BUILT BEFORE 1939

Percent: 20.9%

HOUSING STOCK BUILT BEFORE 1979

Percent: 64.1%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	129
Section 202	80
Section 42	180
100% Section 8	110

Subsidized rental units/total number of units:

Percent: 49%

SPECIAL NEEDS POPULATIONS

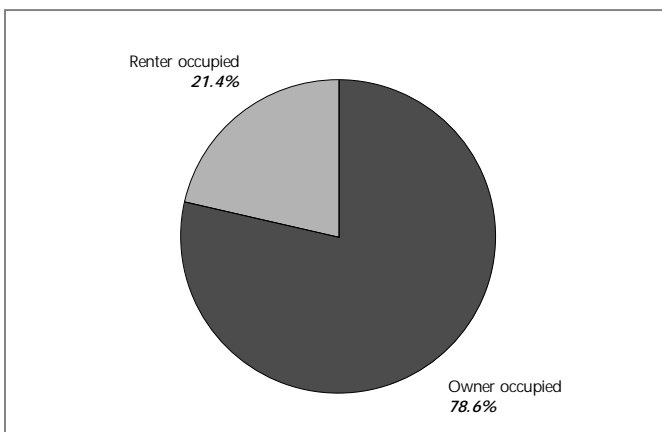
Number of AIDS cases: 12

Number of HIV cases: 2

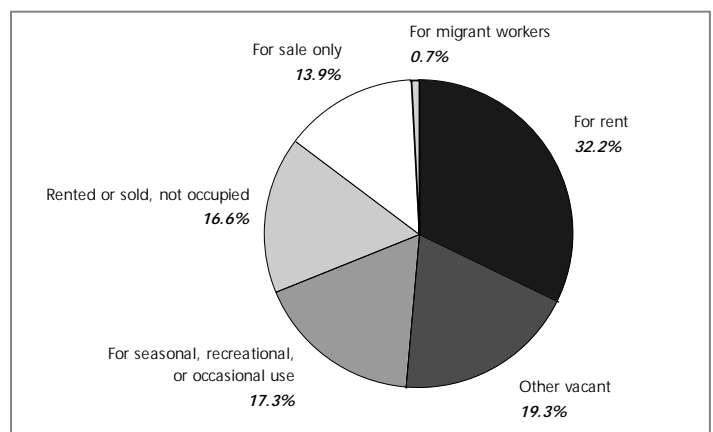
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.4%
Age 65 and over	11.2%
Age 75 +	31.5%
Total	6.6%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 24,555
RATE OF CHANGE (1990 to 2000): 3.8%

COUNTY SEAT: GREENSBURG (POP. 10,260)
LARGEST CITY: GREENSBURG (POP. 10,260)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,837	7.5%
5 to 9 years	1,771	7.2%
10 to 17 years	2,843	11.6%
18 to 24 years	2,176	8.9%
25 to 34 years	3,362	13.7%
35 to 44 years	3,827	15.6%
45 to 54 years	3,184	13.0%
55 to 64 years	2,294	9.3%
65 to 69 years	898	3.7%
70 to 74 years	824	3.4%
75 to 84 years	1,130	4.6%
85 + years	409	1.7%
Total	24,555	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	24,092	98.1%
Black or African-American	12	0.0%
American Indian or Alaska Native	24	0.1%
Asian	177	0.7%
Native Hawaiian or Other Pacific Islander	3	0.0%
Some other race	2	0.0%
Population of two or more races	113	0.5%
Hispanic or Latino	132	0.5%
Total	24,555	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.58

AVERAGE FAMILY SIZE, 2000: 3.03

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	3.03
Black or African-American	2.50
American Indian or Alaska Native	3.29
Asian	3.47
Native Hawaiian or Other Pacific Islander	2.00
Some other race	3.20
Population of two or more races	3.14
Hispanic or Latino	3.36
Average, all races	3.03

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	9.6%	5.7%
Two person household	14.1%	6.1%

MEDIAN FAMILY INCOME, 2002: \$49,300

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	71%
Very low (31 to 50% of median)	47%
Low (51 to 80% of median)	18%
Moderate (81 to 100% of median)	4%

housing market data

NUMBER OF HOUSING UNITS: 9,992

PERCENT OCCUPIED: 94.0%

PERCENT VACANT: 6.0%

OWNER-OCCUPIED VACANCY RATE: 1.4%

RENTAL VACANCY RATE: 6.3%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	75.4%	24.6%
Black or African-American	0.0%	100.0%
American Indian or Alaska Native	64.7%	35.3%
Asian	60.2%	39.8%
Native Hawaiian or Other Pacific Islander	100.0%	0.0%
Some other race	31.6%	68.4%
Population of two or more races	54.4%	45.6%
Hispanic or Latino	50.0%	50.0%

EXPIRING USE UNITS:

Number: 203

HOUSING STOCK BUILT BEFORE 1939

Percent: 29.7%

HOUSING STOCK BUILT BEFORE 1979

Percent: 79.1%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	24
Section 42	40
100% Section 8	214

Subsidized rental units/total number of units:

Percent: 41%

SPECIAL NEEDS POPULATIONS

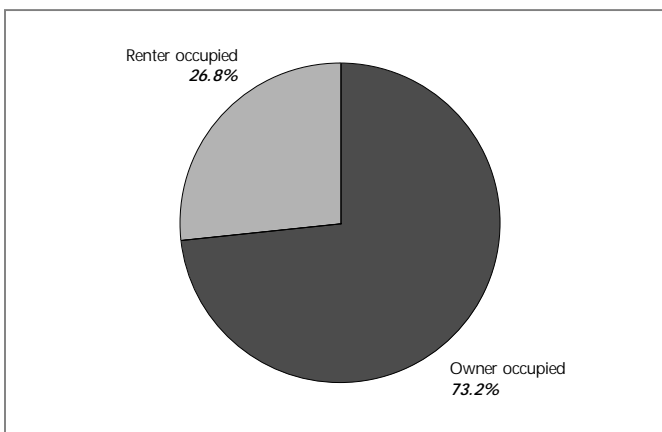
Number of AIDS cases: 10

Number of HIV cases: 3

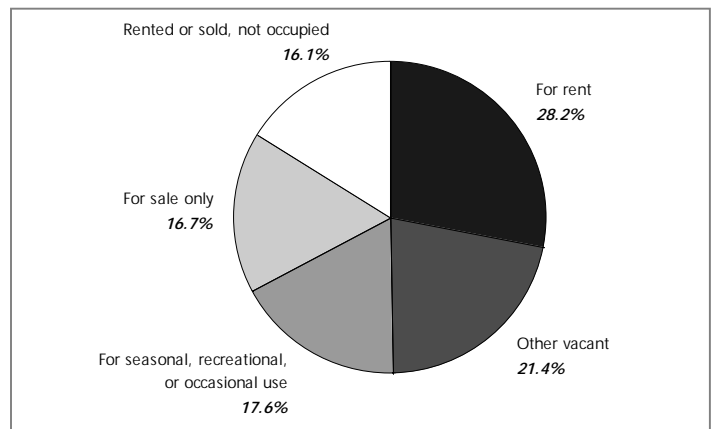
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.7%
Age 65 and over	13.7%
Age 75 +	22.3%
Total	6%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 39,674

RATE OF CHANGE (1990 to 2000): 8.4%

COUNTY SEAT: JASPER (POP. 12,100)

LARGEST CITY: JASPER (POP. 12,100)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,838	7.2%
5 to 9 years	3,001	7.6%
10 to 17 years	5,019	12.7%
18 to 24 years	3,121	7.9%
25 to 34 years	5,124	12.9%
35 to 44 years	6,695	16.9%
45 to 54 years	5,308	13.4%
55 to 64 years	3,444	8.7%
65 to 69 years	1,370	3.5%
70 to 74 years	1,305	3.3%
75 to 84 years	1,756	4.4%
85 + years	693	1.7%
Total	39,674	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	38,266	96.5%
Black or African-American	53	0.1%
American Indian or Alaska Native	34	0.1%
Asian	74	0.2%
Native Hawaiian or Other Pacific Islander	11	0.0%
Some other race	5	0.0%
Population of two or more races	128	0.3%
Hispanic or Latino	1,103	2.8%
Total	39,674	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.63**AVERAGE FAMILY SIZE, 2000: 3.13****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.11
Black or African-American	3.30
American Indian or Alaska Native	2.83
Asian	3.69
Native Hawaiian or Other Pacific Islander	2.50
Some other race	4.15
Population of two or more races	3.50
Hispanic or Latino	3.94
Average, all races	3.13

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	9.9%	6.2%
Two person household	12.8%	5.3%

MEDIAN FAMILY INCOME, 2002: \$59,800**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$16,150
Very low (31 to 50% of median)	\$26,900
Low (51 to 80 % of median)	\$43,050

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	56%
Very low (31 to 50% of median)	32%
Low (51 to 80% of median)	17%
Moderate (81 to 100% of median)	8%

housing market data

NUMBER OF HOUSING UNITS: 15,511

PERCENT OCCUPIED: 95.5%

PERCENT VACANT: 4.5%

OWNER-OCCUPIED VACANCY RATE: 1.0%

RENTAL VACANCY RATE: 5.4%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	84.3%	15.7%
Black or African-American	31.7%	68.3%
American Indian or Alaska Native	64.3%	35.7%
Asian	29.0%	71.0%
Native Hawaiian or Other Pacific Islander	70.0%	30.0%
Some other race	25.8%	74.2%
Population of two or more races	51.0%	49.0%
Hispanic or Latino	30.5%	69.5%

EXPIRING USE UNITS:

Number: 244

HOUSING STOCK BUILT BEFORE 1939

Percent: 17.6%

HOUSING STOCK BUILT BEFORE 1979

Percent: 70.9%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	96
Section 42	0
100% Section 8	266

Subsidized rental units/total number of units:

Percent: 63%

SPECIAL NEEDS POPULATIONS

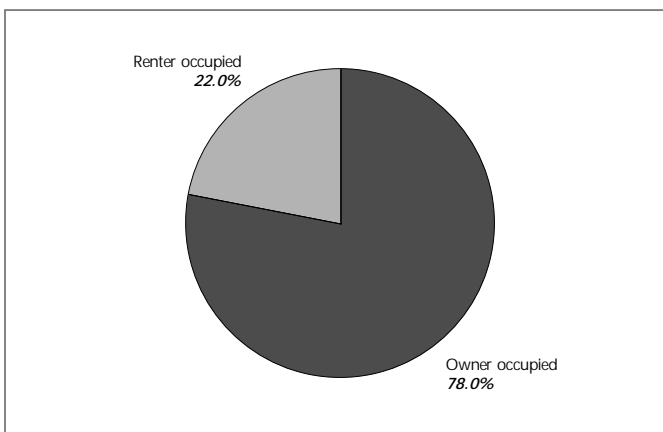
Number of AIDS cases: 9

Number of HIV cases: 7

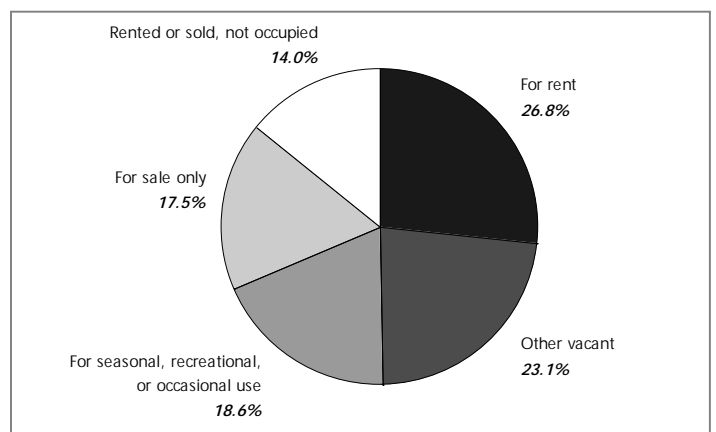
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	2.7%
Age 65 and over	14.9%
Age 75 +	34.6%
Total	5.8%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 25,588

RATE OF CHANGE (1990 to 2000): -1.6%

COUNTY SEAT: CONNERSVILLE (POP. 15,411)

LARGEST CITY: CONNERSVILLE (POP. 15,411)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,647	6.4%
5 to 9 years	1,805	7.1%
10 to 17 years	2,771	10.8%
18 to 24 years	2,200	8.6%
25 to 34 years	3,279	12.8%
35 to 44 years	3,652	14.3%
45 to 54 years	3,753	14.7%
55 to 64 years	2,525	9.9%
65 to 69 years	1,053	4.1%
70 to 74 years	1,029	4.0%
75 to 84 years	1,429	5.6%
85 + years	445	1.7%
Total	25,588	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	24,773	96.8%
Black or African-American	428	1.7%
American Indian or Alaska Native	19	0.1%
Asian	68	0.3%
Native Hawaiian or Other Pacific Islander	3	0.0%
Some other race	12	0.0%
Population of two or more races	153	0.6%
Hispanic or Latino	132	0.5%
Total	25,588	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.46**AVERAGE FAMILY SIZE, 2000: 2.94****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.93
Black or African-American	3.06
American Indian or Alaska Native	3.25
Asian	3.59
Native Hawaiian or Other Pacific Islander	3.00
Some other race	2.75
Population of two or more races	2.83
Hispanic or Latino	3.17
Average, all races	2.94

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	12.3%	7.3%
Two person household	14.9%	6.2%

MEDIAN FAMILY INCOME, 2002: \$47,800**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	71%
Very low (31 to 50% of median)	44%
Low (51 to 80% of median)	15%
Moderate (81 to 100% of median)	2%

housing market data

NUMBER OF HOUSING UNITS: 10,981

PERCENT OCCUPIED: 92.9%

PERCENT VACANT: 7.1%

OWNER-OCCUPIED VACANCY RATE: 1.8%

RENTAL VACANCY RATE: 9.0%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	73.8%	26.2%
Black or African-American	57.7%	42.3%
American Indian or Alaska Native	74.2%	25.8%
Asian	70.8%	29.2%
Native Hawaiian or Other Pacific Islander	0.0%	100.0%
Some other race	76.5%	23.5%
Population of two or more races	53.8%	46.2%
Hispanic or Latino	46.8%	53.2%

EXPIRING USE UNITS:

Number: 180

HOUSING STOCK BUILT BEFORE 1939

Percent: 28.6%

HOUSING STOCK BUILT BEFORE 1979

Percent: 87.8%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	0
Section 42	0
100% Section 8	102

Subsidized rental units/total number of units:

Percent: 31%

SPECIAL NEEDS POPULATIONS

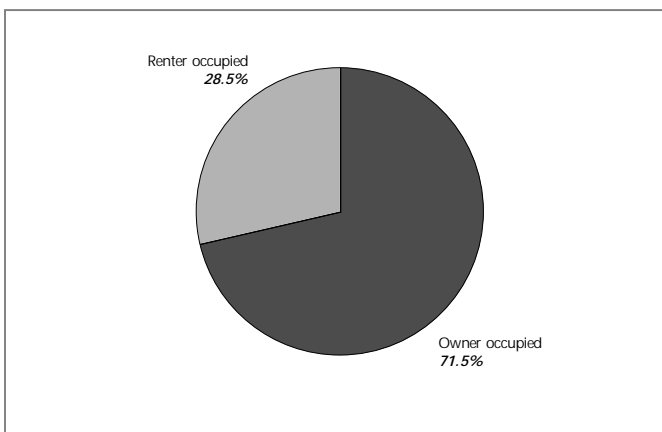
Number of AIDS cases: 9

Number of HIV cases: 4

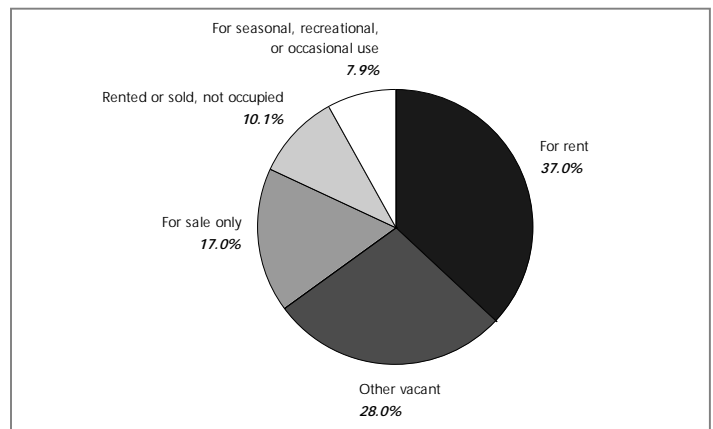
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.9%
Age 65 and over	12.5%
Age 75 +	27%
Total	7.3%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 22,151

RATE OF CHANGE (1990 to 2000): 13.1%

COUNTY SEAT: BROOKVILLE (POP. 2,652)

LARGEST CITY: BROOKVILLE (POP. 2,652)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,540	7.0%
5 to 9 years	1,807	8.2%
10 to 17 years	2,880	13.0%
18 to 24 years	1,689	7.6%
25 to 34 years	2,836	12.8%
35 to 44 years	3,623	16.4%
45 to 54 years	3,003	13.6%
55 to 64 years	2,003	9.0%
65 to 69 years	790	3.6%
70 to 74 years	725	3.3%
75 to 84 years	913	4.2%
85 + years	342	1.5%
Total	22,151	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	21,862	98.7%
Black or African-American	7	0.0%
American Indian or Alaska Native	34	0.2%
Asian	41	0.2%
Native Hawaiian or Other Pacific Islander	2	0.0%
Some other race	9	0.0%
Population of two or more races	92	0.4%
Hispanic or Latino	104	0.5%
Total	25,588	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.77**AVERAGE FAMILY SIZE, 2000: 3.17****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.16
Black or African-American	
American Indian or Alaska Native	3.57
Asian	3.10
Native Hawaiian or Other Pacific Islander	
Some other race	5.00
Population of two or more races	3.56
Hispanic or Latino	3.58
Average, all races	2.17

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	8.8%	5.3%
Two person household	14.6%	5.8%

MEDIAN FAMILY INCOME, 2002: \$45,700**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	70%
Very low (31 to 50% of median)	38%
Low (51 to 80% of median)	16%
Moderate (81 to 100% of median)	9%

housing market data

NUMBER OF HOUSING UNITS: 8,596

PERCENT OCCUPIED: 91.5%

PERCENT VACANT: 8.5%

OWNER-OCCUPIED VACANCY RATE: 1.1%

RENTAL VACANCY RATE: 6.1%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	84.0%	16.0%
Black or African-American	100.0%	0.0%
American Indian or Alaska Native	60.7%	39.3%
Asian	78.8%	21.2%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	100.0%	0.0%
Population of two or more races	54.9%	45.1%
Hispanic or Latino	73.1%	26.9%

EXPIRING USE UNITS:

Number: 0

HOUSING STOCK BUILT BEFORE 1939

Percent: 27.6%

HOUSING STOCK BUILT BEFORE 1979

Percent: 68.3%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	211
Section 42	0
100% Section 8	0

Subsidized rental units/total number of units:

Percent: 100%

SPECIAL NEEDS POPULATIONS

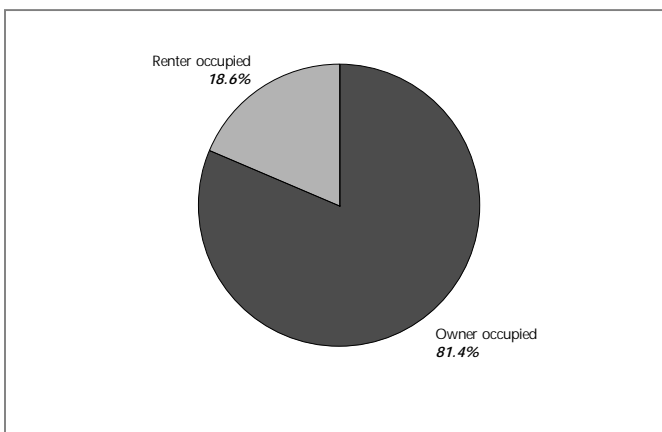
Number of AIDS cases: 2

Number of HIV cases: 0

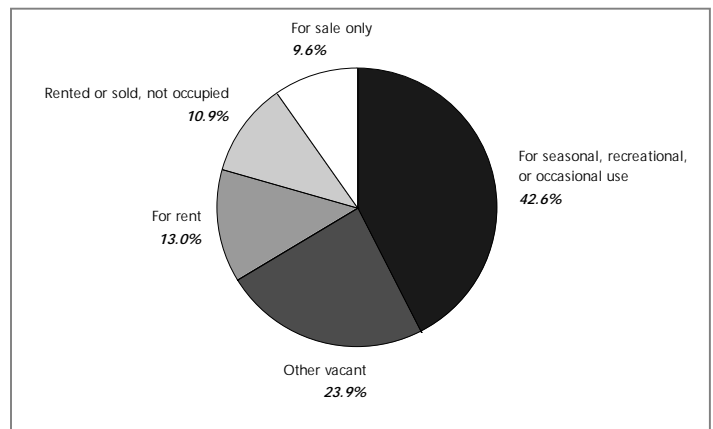
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.2%
Age 65 and over	13.8%
Age 75 +	39.9%
Total	7.4%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 20,511

RATE OF CHANGE (1990 to 2000): 8.9%

COUNTY SEAT: ROCHESTER (POP. 6,414)

LARGEST CITY: ROCHESTER (POP. 6,414)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,348	6.6%
5 to 9 years	1,525	7.4%
10 to 17 years	2,461	12.0%
18 to 24 years	1,589	7.7%
25 to 34 years	2,465	12.0%
35 to 44 years	3,192	15.6%
45 to 54 years	2,696	13.1%
55 to 64 years	2,083	10.2%
65 to 69 years	871	4.2%
70 to 74 years	779	3.8%
75 to 84 years	1,091	5.3%
85 + years	411	2.0%
Total	20,511	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	19,503	95.1%
Black or African-American	154	0.8%
American Indian or Alaska Native	76	0.4%
Asian	76	0.4%
Native Hawaiian or Other Pacific Islander	5	0.0%
Some other race	8	0.0%
Population of two or more races	216	1.1%
Hispanic or Latino	473	2.3%
Total	20,511	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.52**AVERAGE FAMILY SIZE, 2000: 2.99****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.97
Black or African-American	3.50
American Indian or Alaska Native	3.00
Asian	4.19
Native Hawaiian or Other Pacific Islander	4.00
Some other race	3.83
Population of two or more races	3.37
Hispanic or Latino	3.88
Average, all races	2.99

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	12.0%	7.7%
Two person household	15.6%	6.5%

MEDIAN FAMILY INCOME, 2002: \$49,200**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	72%
Very low (31 to 50% of median)	40%
Low (51 to 80% of median)	16%
Moderate (81 to 100% of median)	9%

housing market data

NUMBER OF HOUSING UNITS: 9,123

PERCENT OCCUPIED: 88.6%

PERCENT VACANT: 11.4%

OWNER-OCCUPIED VACANCY RATE: 1.9%

RENTAL VACANCY RATE: 11.2%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	80.5%	19.5%
Black or African-American	68.7%	31.3%
American Indian or Alaska Native	57.5%	42.5%
Asian	79.5%	20.5%
Native Hawaiian or Other Pacific Islander	0.0%	100.0%
Some other race	60.9%	39.1%
Population of two or more races	69.7%	30.3%
Hispanic or Latino	63.3%	36.7%

EXPIRING USE UNITS:

Number: 0

HOUSING STOCK BUILT BEFORE 1939

Percent: 34.7%

HOUSING STOCK BUILT BEFORE 1979

Percent: 82.2%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	135
Section 42	0
100% Section 8	16

Subsidized rental units/total number of units:

Percent: 76%

SPECIAL NEEDS POPULATIONS

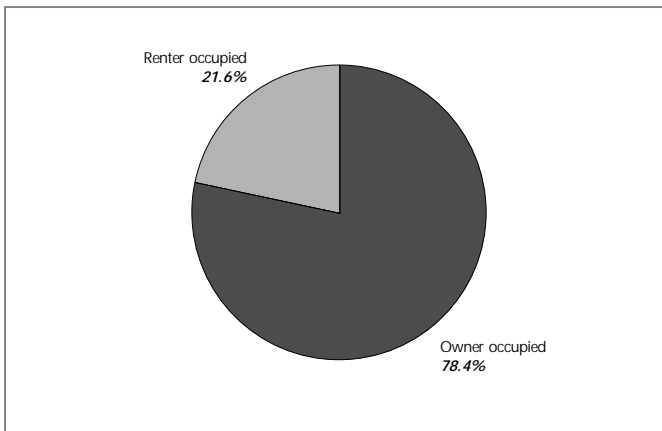
Number of AIDS cases: 7

Number of HIV cases: 4

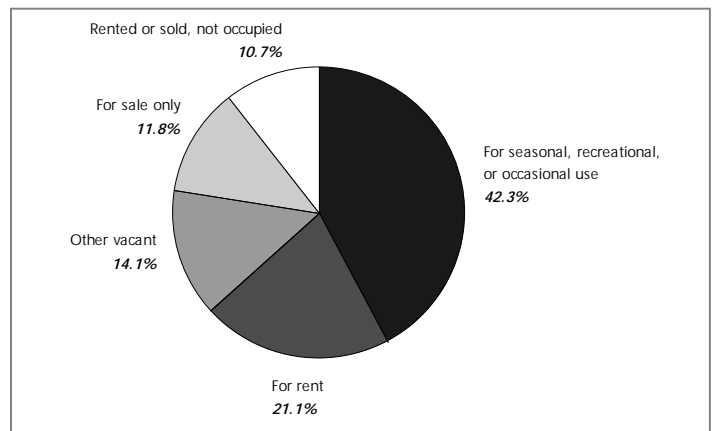
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3%
Age 65 and over	9.8%
Age 75 +	23.7%
Total	5.6%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 73,403

RATE OF CHANGE (1990 to 2000): -1.0%

COUNTY SEAT: MARION (POP. 31,320)

LARGEST CITY: MARION (POP. 31,320)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	4,353	5.9%
5 to 9 years	5,063	6.9%
10 to 17 years	7,922	10.8%
18 to 24 years	8,632	11.8%
25 to 34 years	8,458	11.5%
35 to 44 years	10,489	14.3%
45 to 54 years	9,954	13.6%
55 to 64 years	7,527	10.3%
65 to 69 years	3,114	4.2%
70 to 74 years	2,794	3.8%
75 to 84 years	3,836	5.2%
85 + years	1,261	1.7%
Total	73,403	100.0%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	64,607	88.0%
Black or African-American	5,229	7.1%
American Indian or Alaska Native	298	0.4%
Asian	407	0.6%
Native Hawaiian or Other Pacific Islander	22	0.0%
Some other race	127	0.2%
Population of two or more races	926	1.3%
Hispanic or Latino	1,787	2.4%
Total	73,403	100.0%

AVERAGE HOUSEHOLD SIZE, 2000: 2.43**AVERAGE FAMILY SIZE, 2000: 2.92****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.89
Black or African-American	3.12
American Indian or Alaska Native	3.03
Asian	2.95
Native Hawaiian or Other Pacific Islander	3.20
Some other race	3.46
Population of two or more races	3.15
Hispanic or Latino	3.45
Average, all races	2.92

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.5%	6.9%
Two person household	15.3%	6.2%

MEDIAN FAMILY INCOME, 2002: \$45,300**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	73%
Very low (31 to 50% of median)	46%
Low (51 to 80% of median)	19%
Moderate (81 to 100% of median)	9%

housing market data

NUMBER OF HOUSING UNITS: 30,560

PERCENT OCCUPIED: 92.7%

PERCENT VACANT: 7.3%

OWNER-OCCUPIED VACANCY RATE: 1.6%

RENTAL VACANCY RATE: 10.0%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	78.1%	21.9%
Black or African-American	55.3%	44.7%
American Indian or Alaska Native	72.0%	28.0%
Asian	64.9%	35.1%
Native Hawaiian or Other Pacific Islander	87.0%	13.0%
Some other race	61.6%	38.4%
Population of two or more races	68.0%	32.0%
Hispanic or Latino	61.5%	38.5%

EXPIRING USE UNITS:

Number: 630

HOUSING STOCK BUILT BEFORE 1939

Percent: 27.9%

HOUSING STOCK BUILT BEFORE 1979

Percent: 88.0%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	200
Section 42	0
100% Section 8	404

Subsidized rental units/total number of units:

Percent: 48%

SPECIAL NEEDS POPULATIONS

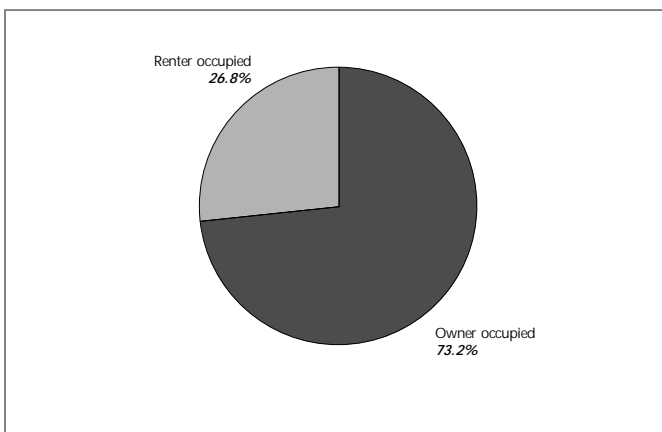
Number of AIDS cases: 56

Number of HIV cases: 28

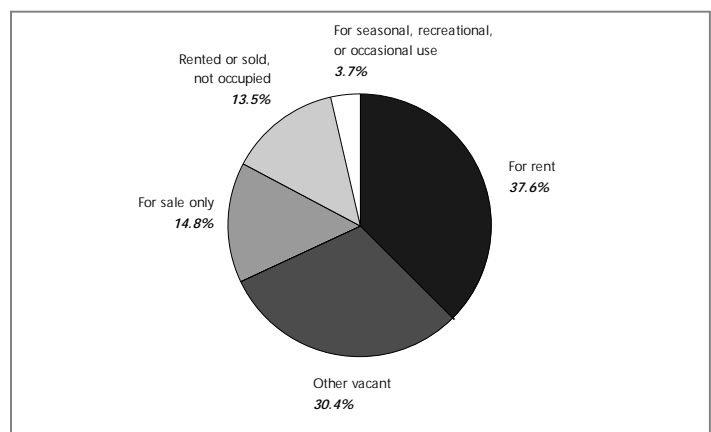
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	5.1%
Age 65 and over	14.9%
Age 75 +	28.5%
Total	7.5%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 33,157
RATE OF CHANGE (1990 to 2000): 9.0%

COUNTY SEAT: BLOOMFIELD (POP. 2,542)
LARGEST CITY: LINTON (POP. 5,774)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,070	6.2%
5 to 9 years	2,238	6.7%
10 to 17 years	3,891	11.7%
18 to 24 years	2,560	7.7%
25 to 34 years	4,192	12.6%
35 to 44 years	5,188	15.6%
45 to 54 years	4,595	13.9%
55 to 64 years	3,363	10.1%
65 to 69 years	1,280	3.9%
70 to 74 years	1,312	4.0%
75 to 84 years	1,835	5.5%
85 + years	633	1.9%
Total	33,157	100.0%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	32,515	98.1%
Black or African-American	25	0.1%
American Indian or Alaska Native	99	0.3%
Asian	64	0.2%
Native Hawaiian or Other Pacific Islander	4	0.0%
Some other race	5	0.0%
Population of two or more races	177	0.5%
Hispanic or Latino	268	0.8%
Total	33,157	100.0%

AVERAGE HOUSEHOLD SIZE, 2000: 2.44

AVERAGE FAMILY SIZE, 2000: 2.92

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	2.92
Black or African-American	3.50
American Indian or Alaska Native	2.73
Asian	2.92
Native Hawaiian or Other Pacific Islander	
Some other race	4.08
Population of two or more races	2.87
Hispanic or Latino	3.40
Average, all races	2.92

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	12.4%	7.4%
Two person household	14.0%	5.8%

MEDIAN FAMILY INCOME, 2002: \$45,000

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	68%
Very low (31 to 50% of median)	33%
Low (51 to 80% of median)	11%
Moderate (81 to 100% of median)	3%

housing market data

NUMBER OF HOUSING UNITS: 15,053

PERCENT OCCUPIED: 88.8%

PERCENT VACANT: 11.2%

OWNER-OCCUPIED VACANCY RATE: 2.5%

RENTAL VACANCY RATE: 9.0%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	82.1%	17.9%
Black or African-American	27.3%	72.7%
American Indian or Alaska Native	76.6%	23.4%
Asian	51.1%	48.9%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	69.1%	30.9%
Population of two or more races	72.5%	27.5%
Hispanic or Latino	69.4%	30.6%

EXPIRING USE UNITS:

Number: 77

HOUSING STOCK BUILT BEFORE 1939

Percent: 27.2%

HOUSING STOCK BUILT BEFORE 1979

Percent: 75.4%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	222
Section 42	0
100% Section 8	151

Subsidized rental units/total number of units:

Percent: 68%

SPECIAL NEEDS POPULATIONS

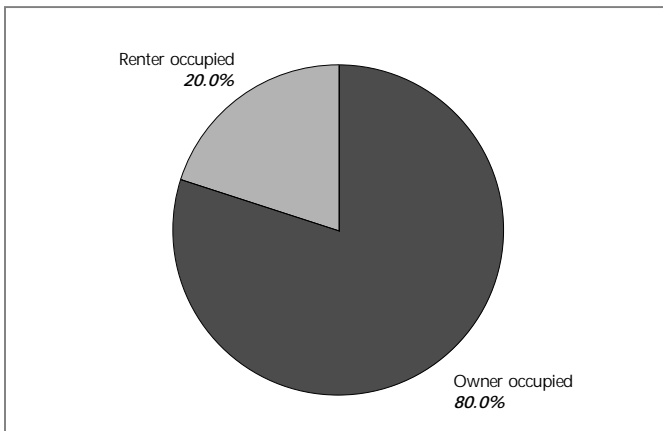
Number of AIDS cases: 9

Number of HIV cases: 6

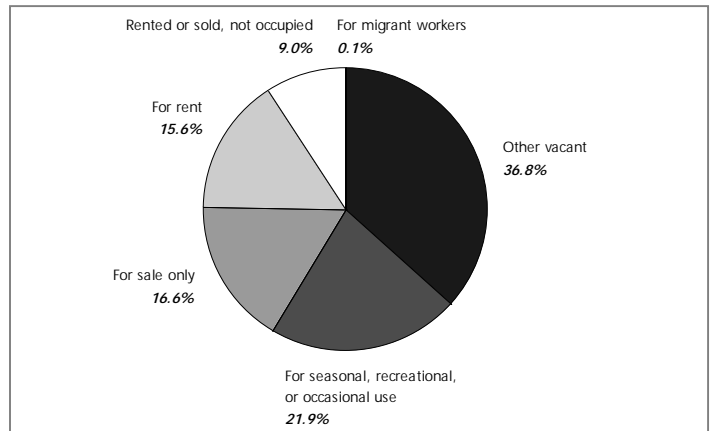
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.4%
Age 65 and over	14.5%
Age 75 +	33.5%
Total	8.0%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 182,740
RATE OF CHANGE (1990 to 2000): 67.7%

COUNTY SEAT: NOBLESVILLE (POP. 28,590)
LARGEST CITY: FISHERS (POP. 37,835)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	16,578	9.1%
5 to 9 years	16,704	9.1%
10 to 17 years	22,979	12.6%
18 to 24 years	10,275	5.6%
25 to 34 years	27,801	15.2%
35 to 44 years	35,996	19.7%
45 to 54 years	25,476	13.9%
55 to 64 years	13,272	7.3%
65 to 69 years	4,141	2.3%
70 to 74 years	3,608	2.0%
75 to 84 years	4,484	2.5%
85 + years	1,426	0.8%
Total	182,740	100.0%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	170,764	93.4%
Black or African-American	2,775	1.5%
American Indian or Alaska Native	275	0.2%
Asian	4,423	2.4%
Native Hawaiian or Other Pacific Islander	49	0.0%
Some other race	170	0.1%
Population of two or more races	1,463	0.8%
Hispanic or Latino	2,911	1.6%
Total	182,740	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.75

AVERAGE FAMILY SIZE, 2000: 3.16

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	3.15
Black or African-American	3.30
American Indian or Alaska Native	3.10
Asian	3.50
Native Hawaiian or Other Pacific Islander	3.85
Some other race	3.60
Population of two or more races	3.40
Hispanic or Latino	3.57
Average, all races	3.16

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.5%	6.6%
Two person household	14.8%	5.7%

MEDIAN FAMILY INCOME, 2002: \$64,100

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$17,300
Very low (31 to 50% of median)	\$28,850
Low (51 to 80 % of median)	\$46,150

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	71%
Very low (31 to 50% of median)	56%
Low (51 to 80% of median)	35%
Moderate (81 to 100% of median)	25%

housing market data

NUMBER OF HOUSING UNITS: 69,478

PERCENT OCCUPIED: 94.9%

PERCENT VACANT: 5.1%

OWNER-OCCUPIED VACANCY RATE: 1.5%

RENTAL VACANCY RATE: 11.7%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	85.8%	14.2%
Black or African-American	74.5%	25.5%
American Indian or Alaska Native	63.2%	36.8%
Asian	78.7%	21.3%
Native Hawaiian or Other Pacific Islander	73.7%	26.3%
Some other race	41.6%	58.4%
Population of two or more races	73.3%	26.7%
Hispanic or Latino	57.0%	43.0%

EXPIRING USE UNITS:

Number: 346

HOUSING STOCK BUILT BEFORE 1939

Percent: 7.4%

HOUSING STOCK BUILT BEFORE 1979

Percent: 38.3%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	0
Section 202	0
Section 42	444
100% Section 8	348

Subsidized rental units/total number of units:

Percent: 11%

SPECIAL NEEDS POPULATIONS

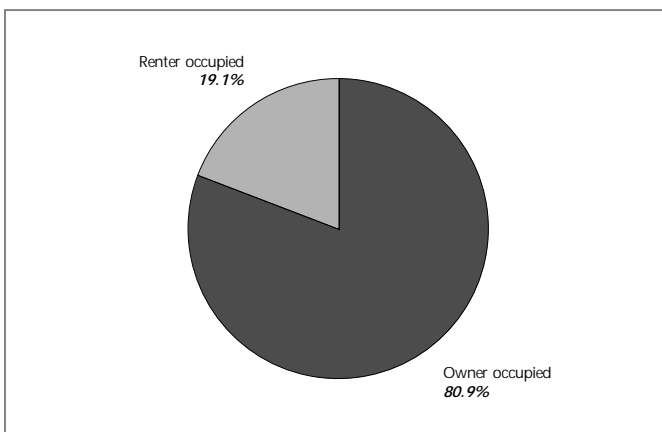
Number of AIDS cases: 76

Number of HIV cases: 36

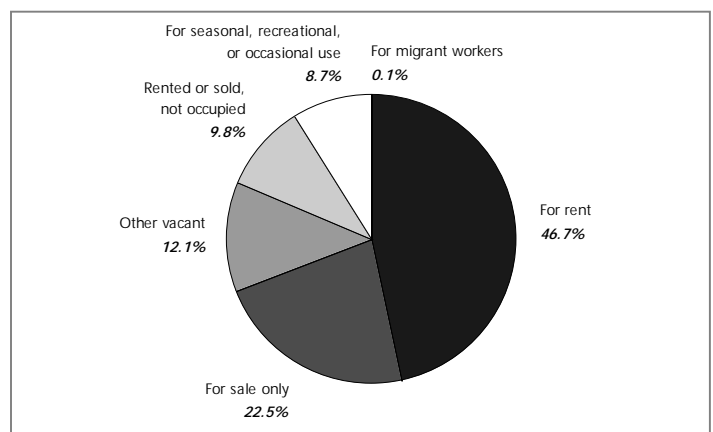
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	2.2%
Age 65 and over	8.4%
Age 75 +	32.6%
Total	3.8%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

socioeconomic data

POPULATION (2000): 48,508

RATE OF CHANGE (1990 to 2000): 0.8%

COUNTY SEAT: NEW CASTLE (POP. 17,780)

LARGEST CITY: NEW CASTLE (POP. 17,780)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	3,024	6.2%
5 to 9 years	3,282	6.8%
10 to 17 years	5,413	11.2%
18 to 24 years	3,659	7.5%
25 to 34 years	6,112	12.6%
35 to 44 years	7,383	15.2%
45 to 54 years	6,917	14.3%
55 to 64 years	5,116	10.5%
65 to 69 years	2,012	4.1%
70 to 74 years	1,992	4.1%
75 to 84 years	2,667	5.5%
85 + years	931	1.9%
Total	48,508	100.0%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	47,274	97.5%
Black or African-American	412	0.8%
American Indian or Alaska Native	72	0.1%
Asian	92	0.2%
Native Hawaiian or Other Pacific Islander	5	0.0%
Some other race	28	0.1%
Population of two or more races	238	0.5%
Hispanic or Latino	387	0.8%
Total	48,508	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.45**AVERAGE FAMILY SIZE, 2000: 2.91****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.90
Black or African-American	3.07
American Indian or Alaska Native	3.04
Asian	3.64
Native Hawaiian or Other Pacific Islander	
Some other race	4.10
Population of two or more races	2.89
Hispanic or Latino	3.47
Average, all races	2.91

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.9%	7.5%
Two person household	15.5%	6.5%

MEDIAN FAMILY INCOME, 2002: \$55,000**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,850
Very low (31 to 50% of median)	\$24,750
Low (51 to 80 % of median)	\$39,600

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	73%
Very low (31 to 50% of median)	43%
Low (51 to 80% of median)	13%
Moderate (81 to 100% of median)	4%

housing market data

NUMBER OF HOUSING UNITS: 20,592**PERCENT OCCUPIED: 94.6%****PERCENT VACANT: 5.4%****OWNER-OCCUPIED VACANCY RATE: 1.8%****RENTAL VACANCY RATE: 6.1%****TENURE BY RACE AND ETHNICITY**

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	79.5%	20.5%
Black or African-American	60.7%	39.3%
American Indian or Alaska Native	55.7%	44.3%
Asian	67.0%	33.0%
Native Hawaiian or Other Pacific Islander	100.0%	0.0%
Some other race	39.4%	60.6%
Population of two or more races	67.6%	32.4%
Hispanic or Latino	51.3%	48.7%

EXPIRING USE UNITS:

Number: 214

HOUSING STOCK BUILT BEFORE 1939

Percent: 31%

HOUSING STOCK BUILT BEFORE 1979

Percent: 89.2%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

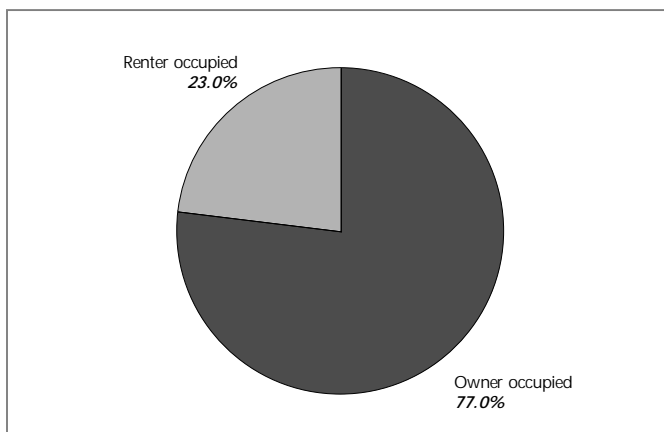
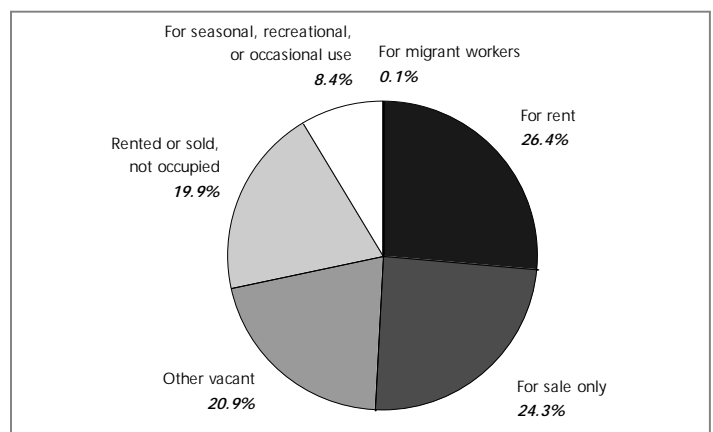
<i>Program</i>	<i>Number of units</i>
Rural Development	187
Section 42	20
100% Section 8	36

Subsidized rental units/total number of units:

Percent: 46%

SPECIAL NEEDS POPULATIONS**Number of AIDS cases: 17****Number of HIV cases: 11****PERSONS WITH MOBILITY LIMITATIONS, 1990**

	<i>Percent</i>
Ages 16 to 64	4.6%
Age 65 and over	12.4%
Age 75 +	33.9%
Total	7.6%

TENURE, 2000**VACANCY STATUS, 2000**

See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 41,335

RATE OF CHANGE (1990 to 2000): 9.6%

COUNTY SEAT: BROWNSTOWN (POP. 2,978)

LARGEST CITY: SEYMOUR (POP. 18,101)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,095	7.0%
5 to 9 years	2,998	7.3%
10 to 17 years	4,646	11.2%
18 to 24 years	3,638	8.8%
25 to 34 years	5,987	14.5%
35 to 44 years	6,543	15.8%
45 to 54 years	5,327	12.9%
55 to 64 years	3,788	9.2%
65 to 69 years	1,554	3.8%
70 to 74 years	1,344	3.3%
75 to 84 years	1,860	4.5%
85 + years	745	1.8%
Total	41,335	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	39,323	95.1%
Black or African-American	217	0.5%
American Indian or Alaska Native	93	0.2%
Asian	323	0.8%
Native Hawaiian or Other Pacific Islander	18	0.0%
Some other race	8	0.0%
Population of two or more races	241	0.6%
Hispanic or Latino	1,112	2.7%
Total	41,335	100.0%

AVERAGE HOUSEHOLD SIZE, 2000: 2.54**AVERAGE FAMILY SIZE, 2000: 2.98****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.97
Black or African-American	3.43
American Indian or Alaska Native	3.50
Asian	3.50
Native Hawaiian or Other Pacific Islander	3.40
Some other race	3.34
Population of two or more races	2.92
Hispanic or Latino	3.35
Average, all races	2.98

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.1%	6.1%
Two person household	13.4%	5.4%

MEDIAN FAMILY INCOME, 2002: \$53,200**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,350
Very low (31 to 50% of median)	\$23,950
Low (51 to 80 % of median)	\$38,300

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	70%
Very low (31 to 50% of median)	41%
Low (51 to 80% of median)	16%
Moderate (81 to 100% of median)	5%

housing market data

NUMBER OF HOUSING UNITS: 17,137

PERCENT OCCUPIED: 93.7%

PERCENT VACANT: 6.3%

OWNER-OCCUPIED VACANCY RATE: 2.0%

RENTAL VACANCY RATE: 6.1%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	77.4%	22.6%
Black or African-American	43.1%	56.9%
American Indian or Alaska Native	48.0%	52.0%
Asian	43.5%	56.5%
Native Hawaiian or Other Pacific Islander	34.8%	65.2%
Some other race	14.7%	85.3%
Population of two or more races	55.3%	44.7%
Hispanic or Latino	16.1%	83.9%

EXPIRING USE UNITS:

Number: 272

HOUSING STOCK BUILT BEFORE 1939

Percent: 19.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 73.2%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	101
Section 42	176
100% Section 8	350

Subsidized rental units/total number of units:

Percent: 54%

SPECIAL NEEDS POPULATIONS

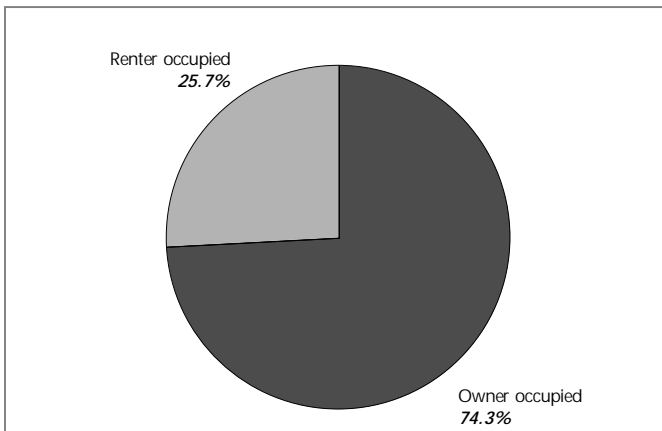
Number of AIDS cases: 23

Number of HIV cases: 4

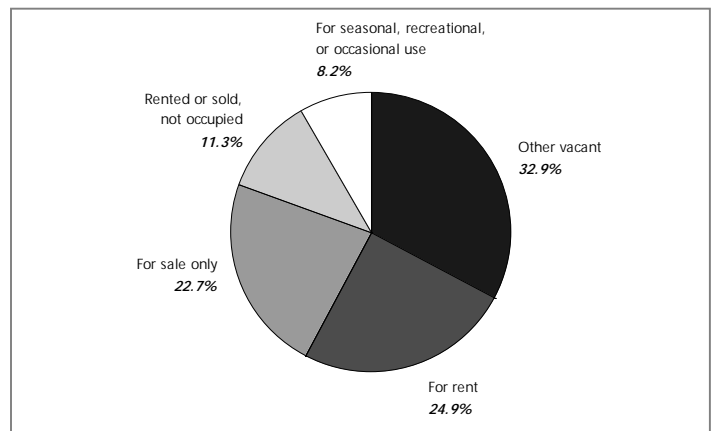
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.3%
Age 65 and over	16.7%
Age 75 +	30.9%
Total	7.5%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

socioeconomic data

POPULATION (2000): 21,806
RATE OF CHANGE (1990 to 2000): 1.4%

COUNTY SEAT: PORTLAND (POP. 6,437)
LARGEST CITY: PORTLAND (POP. 6,437)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,590	7.3%
5 to 9 years	1,747	8.0%
10 to 17 years	2,548	11.7%
18 to 24 years	1,685	7.7%
25 to 34 years	2,803	12.9%
35 to 44 years	3,144	14.4%
45 to 54 years	2,860	13.1%
55 to 64 years	2,225	10.2%
65 to 69 years	786	3.6%
70 to 74 years	852	3.9%
75 to 84 years	1,185	5.4%
85 + years	381	1.7%
Total	21,806	100.0%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	21,131	96.9%
Black or African-American	54	0.2%
American Indian or Alaska Native	35	0.2%
Asian	74	0.3%
Native Hawaiian or Other Pacific Islander	5	0.0%
Some other race	4	0.0%
Population of two or more races	113	0.5%
Hispanic or Latino	390	1.8%
Total	21,806	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.57

AVERAGE FAMILY SIZE, 2000: 3.06

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	3.04
Black or African-American	3.78
American Indian or Alaska Native	3.54
Asian	3.73
Native Hawaiian or Other Pacific Islander	3.00
Some other race	3.52
Population of two or more races	3.84
Hispanic or Latino	3.74
Average, all races	3.06

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	12.2%	7.8%
Two person household	14.9%	6.6%

MEDIAN FAMILY INCOME, 2002: \$45,000

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	77%
Very low (31 to 50% of median)	32%
Low (51 to 80% of median)	10%
Moderate (81 to 100% of median)	3%

housing market data

NUMBER OF HOUSING UNITS: 9,074

PERCENT OCCUPIED: 92.6%

PERCENT VACANT: 7.4%

OWNER-OCCUPIED VACANCY RATE: 2.0%

RENTAL VACANCY RATE: 9.3%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	80.3%	19.7%
Black or African-American	38.1%	61.9%
American Indian or Alaska Native	87.0%	13.0%
Asian	41.0%	59.0%
Native Hawaiian or Other Pacific Islander	0.0%	100.0%
Some other race	53.9%	46.1%
Population of two or more races	78.0%	22.0%
Hispanic or Latino	51.2%	48.8%

EXPIRING USE UNITS:

Number: 36

HOUSING STOCK BUILT BEFORE 1939

Percent: 39.6%

HOUSING STOCK BUILT BEFORE 1979

Percent: 89.8%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	243
Section 42	0
100% Section 8	0

Subsidized rental units/total number of units:

Percent: 87%

SPECIAL NEEDS POPULATIONS

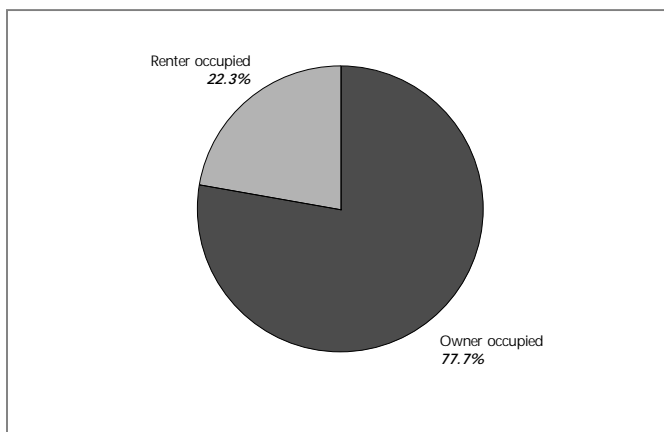
Number of AIDS cases: 13

Number of HIV cases: 6

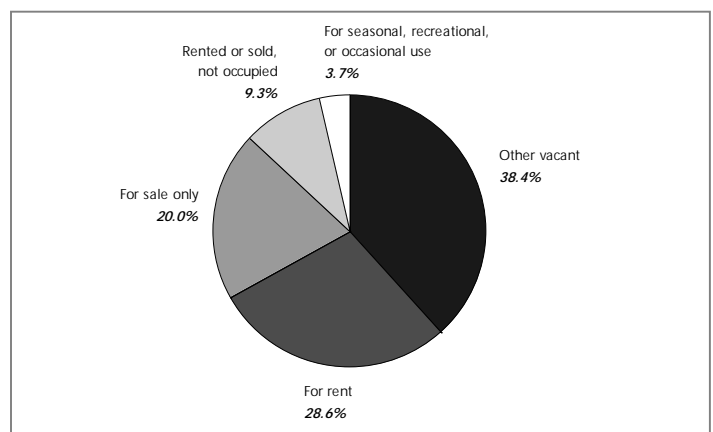
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	6.1%
Age 65 and over	21.3%
Age 75 +	29.8%
Total	9.7%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 27,554

RATE OF CHANGE (1990 to 2000): 16.5%

COUNTY SEAT: VERNON (POP. 330)

LARGEST CITY: NORTH VERNON (POP. 6,515)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,069	7.5%
5 to 9 years	2,288	8.3%
10 to 17 years	3,268	11.9%
18 to 24 years	2,268	8.2%
25 to 34 years	4,049	14.7%
35 to 44 years	4,314	15.7%
45 to 54 years	3,720	13.5%
55 to 64 years	2,631	9.5%
65 to 69 years	917	3.3%
70 to 74 years	764	2.8%
75 to 84 years	956	3.5%
85 + years	310	1.1%
Total	27,554	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	26,745	97.1%
Black or African-American	205	0.7%
American Indian or Alaska Native	57	0.2%
Asian	68	0.2%
Native Hawaiian or Other Pacific Islander	1	0.0%
Some other race	16	0.1%
Population of two or more races	269	1.0%
Hispanic or Latino	193	0.7%
Total	27,554	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.67**AVERAGE FAMILY SIZE, 2000: 3.07****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.06
Black or African-American	3.23
American Indian or Alaska Native	3.50
Asian	3.56
Native Hawaiian or Other Pacific Islander	
Some other race	3.17
Population of two or more races	3.33
Hispanic or Latino	2.91
Average, all races	3.07

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	8.2%	4.5%
Two person household	12.4%	4.9%

MEDIAN FAMILY INCOME, 2002: \$49,400**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	71%
Very low (31 to 50% of median)	39%
Low (51 to 80% of median)	18%
Moderate (81 to 100% of median)	4%

housing market data

NUMBER OF HOUSING UNITS: 11,469

PERCENT OCCUPIED: 88.4%

PERCENT VACANT: 11.6%

OWNER-OCCUPIED VACANCY RATE: 2.1%

RENTAL VACANCY RATE: 8.4%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	80.8%	19.2%
Black or African-American	67.0%	33.0%
American Indian or Alaska Native	74.6%	25.4%
Asian	47.6%	52.4%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	60.4%	39.6%
Population of two or more races	66.2%	33.8%
Hispanic or Latino	45.8%	54.2%

EXPIRING USE UNITS:

Number: 8

HOUSING STOCK BUILT BEFORE 1939

Percent: 17.4%

HOUSING STOCK BUILT BEFORE 1979

Percent: 64.2%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	138
Section 42	172
100% Section 8	0

Subsidized rental units/total number of units:

Percent: 63%

SPECIAL NEEDS POPULATIONS

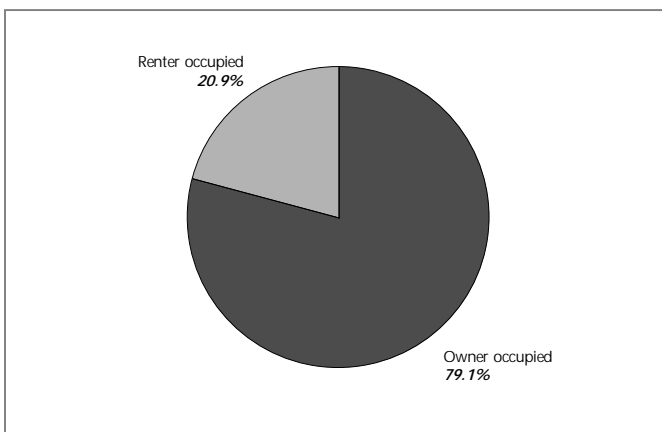
Number of AIDS cases: 9

Number of HIV cases: 3

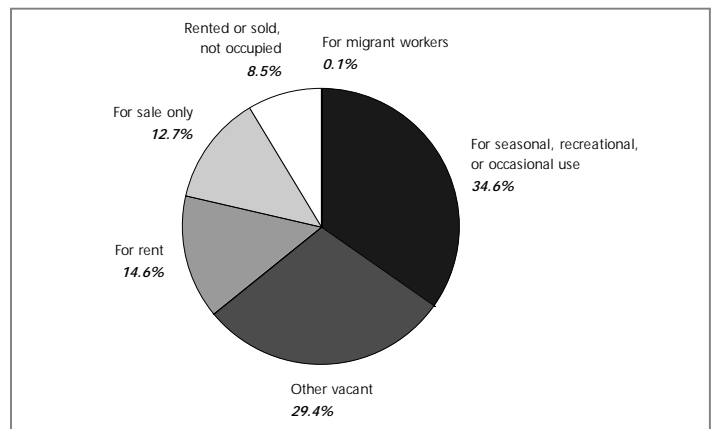
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.5%
Age 65 and over	14.2%
Age 75 +	31.2%
Total	6.9%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

socioeconomic data

POPULATION (2000): 39,256
RATE OF CHANGE (1990 to 2000): -1.6%

COUNTY SEAT: VINCENNES (POP. 18,701)
LARGEST CITY: VINCENNES (POP. 18,701)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,299	5.9%
5 to 9 years	2,368	6.0%
10 to 17 years	4,334	11.0%
18 to 24 years	5,348	13.6%
25 to 34 years	4,337	11.0%
35 to 44 years	5,636	14.4%
45 to 54 years	5,164	13.2%
55 to 64 years	3,741	9.5%
65 to 69 years	1,567	4.0%
70 to 74 years	1,431	3.6%
75 to 84 years	2,166	5.5%
85 + years	865	2.2%
Total	39,256	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	37,667	96.0%
Black or African-American	726	1.8%
American Indian or Alaska Native	77	0.2%
Asian	202	0.5%
Native Hawaiian or Other Pacific Islander	17	0.0%
Some other race	6	0.0%
Population of two or more races	239	0.6%
Hispanic or Latino	322	0.8%
Total	39,256	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.36

AVERAGE FAMILY SIZE, 2000: 2.93

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	2.92
Black or African-American	3.12
American Indian or Alaska Native	3.11
Asian	3.38
Native Hawaiian or Other Pacific Islander	3.60
Some other race	3.94
Population of two or more races	3.32
Hispanic or Latino	3.18
Average, all races	2.93

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	13.3%	8.4%
Two person household	13.8%	5.9%

MEDIAN FAMILY INCOME, 2002: \$45,100

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	69%
Very low (31 to 50% of median)	43%
Low (51 to 80% of median)	18%
Moderate (81 to 100% of median)	9%

housing market data

NUMBER OF HOUSING UNITS: 17,305**PERCENT OCCUPIED: 89.9%****PERCENT VACANT: 10.1%****OWNER-OCCUPIED VACANCY RATE: 2.6%****RENTAL VACANCY RATE: 12.5%****TENURE BY RACE AND ETHNICITY**

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	72.7%	27.3%
Black or African-American	36.7%	63.3%
American Indian or Alaska Native	32.9%	67.1%
Asian	45.3%	54.7%
Native Hawaiian or Other Pacific Islander	66.7%	33.3%
Some other race	23.5%	76.5%
Population of two or more races	49.4%	50.6%
Hispanic or Latino	43.8%	56.2%

EXPIRING USE UNITS:

Number: 293

HOUSING STOCK BUILT BEFORE 1939

Percent: 37.1%

HOUSING STOCK BUILT BEFORE 1979

Percent: 84.4%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

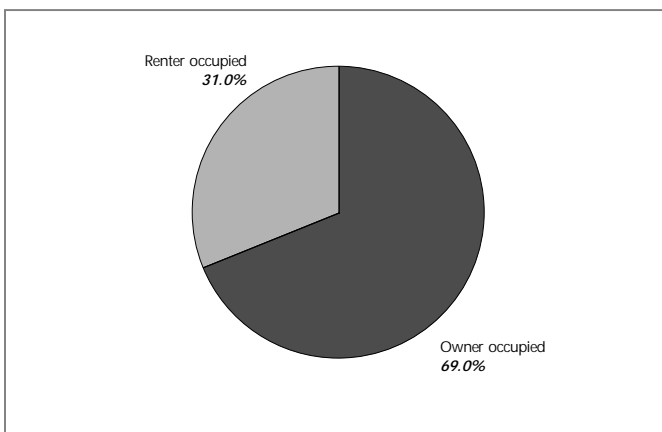
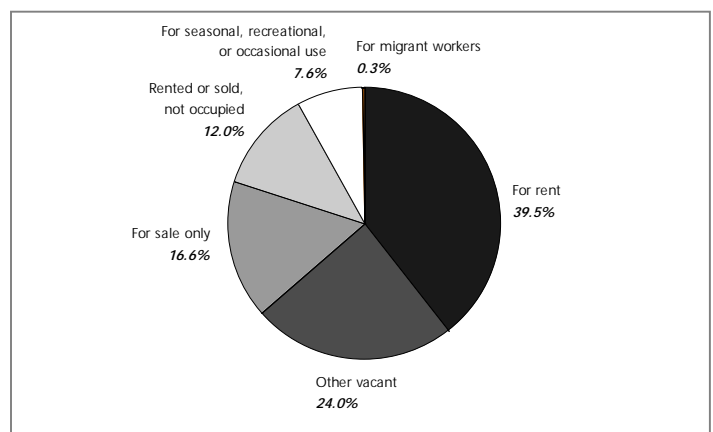
<i>Program</i>	<i>Number of units</i>
Rural Development	36
Section 42	0
100% Section 8	341

Subsidized rental units/total number of units:

Percent: 52%

SPECIAL NEEDS POPULATIONS**Number of AIDS cases: 33****Number of HIV cases: 20****PERSONS WITH MOBILITY LIMITATIONS, 1990**

	<i>Percent</i>
Ages 16 to 64	4.6%
Age 65 and over	17.5%
Age 75 +	31.3%
Total	8.2%

TENURE, 2000**VACANCY STATUS, 2000**

See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 74,057

RATE OF CHANGE (1990 to 2000): 13.4%

COUNTY SEAT: WARSAW (POP. 12,415)

LARGEST CITY: WARSAW (POP. 12,415)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	5,519	7.5%
5 to 9 years	5,698	7.7%
10 to 17 years	9,345	12.6%
18 to 24 years	6,459	8.7%
25 to 34 years	9,914	13.4%
35 to 44 years	11,541	15.6%
45 to 54 years	9,914	13.4%
55 to 64 years	6,790	9.2%
65 to 69 years	2,451	3.3%
70 to 74 years	2,175	2.9%
75 to 84 years	3,125	4.2%
85 + years	1,126	1.5%
Total	74,057	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	68,816	92.9%
Black or African-American	428	0.6%
American Indian or Alaska Native	143	0.2%
Asian	408	0.6%
Native Hawaiian or Other Pacific Islander	6	0.0%
Some other race	28	0.0%
Population of two or more races	506	0.7%
Hispanic or Latino	3,722	5.0%
Total	74,057	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.66**AVERAGE FAMILY SIZE, 2000: 3.11****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.08
Black or African-American	3.31
American Indian or Alaska Native	3.18
Asian	3.44
Native Hawaiian or Other Pacific Islander	3.50
Some other race	4.06
Population of two or more races	3.34
Hispanic or Latino	3.96
Average, all races	3.11

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	8.0%	4.8%
Two person household	13.2%	5.5%

MEDIAN FAMILY INCOME, 2002: \$59,900**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$16,150
Very low (31 to 50% of median)	\$26,950
Low (51 to 80 % of median)	\$43,150

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	66%
Very low (31 to 50% of median)	43%
Low (51 to 80% of median)	16%
Moderate (81 to 100% of median)	7%

housing market data

NUMBER OF HOUSING UNITS: 32,188

PERCENT OCCUPIED: 84.8%

PERCENT VACANT: 15.2%

OWNER-OCCUPIED VACANCY RATE: 1.9%

RENTAL VACANCY RATE: 6.4%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	82.0%	18.0%
Black or African-American	51.1%	48.9%
American Indian or Alaska Native	80.0%	20.0%
Asian	76.1%	23.9%
Native Hawaiian or Other Pacific Islander	61.5%	38.5%
Some other race	61.7%	38.3%
Population of two or more races	62.7%	37.3%
Hispanic or Latino	64.3%	35.7%

EXPIRING USE UNITS:

Number: 146

HOUSING STOCK BUILT BEFORE 1939

Percent: 23.1%

HOUSING STOCK BUILT BEFORE 1979

Percent: 77.9%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	196
Section 42	78
100% Section 8	82

Subsidized rental units/total number of units:

Percent: 55%

SPECIAL NEEDS POPULATIONS

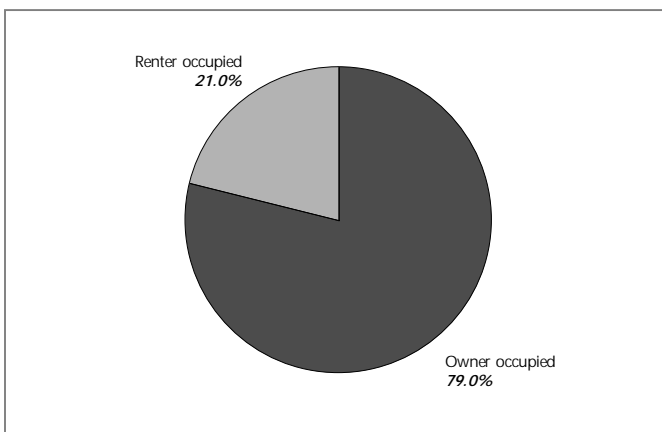
Number of AIDS cases: 26

Number of HIV cases: 10

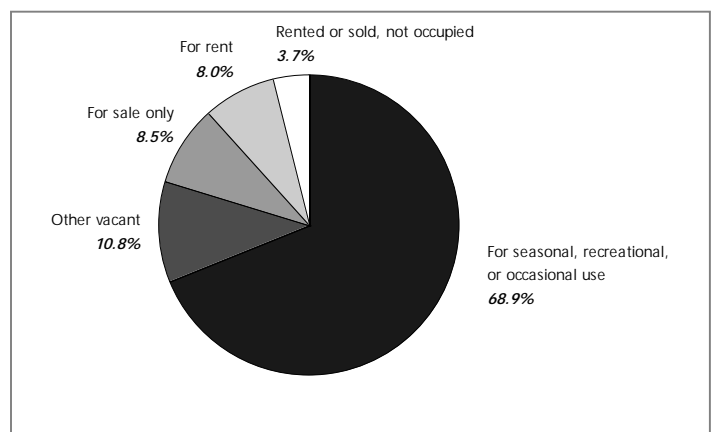
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.9%
Age 65 and over	10.9%
Age 75 +	26.5%
Total	5.9%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 110,106

RATE OF CHANGE (1990 to 2000): 2.8%

COUNTY SEAT: LA PORTE (POP. 21,621)

LARGEST CITY: MICHIGAN CITY (POP. 32,900)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	7,116	6.5%
5 to 9 years	7,566	6.9%
10 to 17 years	12,320	11.2%
18 to 24 years	9,440	8.6%
25 to 34 years	14,960	13.6%
35 to 44 years	17,775	16.1%
45 to 54 years	15,924	14.5%
55 to 64 years	10,093	9.2%
65 to 69 years	3,873	3.5%
70 to 74 years	3,944	3.6%
75 to 84 years	5,393	4.9%
85 + years	1,702	1.5%
Total	110,106	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	93,330	84.8%
Black or African-American	11,052	10.0%
American Indian or Alaska Native	306	0.3%
Asian	483	0.4%
Native Hawaiian or Other Pacific Islander	16	0.0%
Some other race	126	0.1%
Population of two or more races	1,391	1.3%
Hispanic or Latino	3,402	3.1%
Total	110,106	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.52**AVERAGE FAMILY SIZE, 2000: 3.02****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.97
Black or African-American	3.32
American Indian or Alaska Native	3.35
Asian	3.29
Native Hawaiian or Other Pacific Islander	4.50
Some other race	3.93
Population of two or more races	3.36
Hispanic or Latino	3.84
Average, all races	3.02

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.5%	6.4%
Two person household	15.0%	6.7%

MEDIAN FAMILY INCOME, 2002: \$52,800**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,250
Very low (31 to 50% of median)	\$23,750
Low (51 to 80 % of median)	\$38,000

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	70%
Very low (31 to 50% of median)	47%
Low (51 to 80% of median)	23%
Moderate (81 to 100% of median)	9%

housing market data

NUMBER OF HOUSING UNITS: 45,621

PERCENT OCCUPIED: 90.0%

PERCENT VACANT: 10.0%

OWNER-OCCUPIED VACANCY RATE: 1.8%

RENTAL VACANCY RATE: 8.3%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	80.9%	19.1%
Black or African-American	50.1%	49.9%
American Indian or Alaska Native	64.7%	35.3%
Asian	67.1%	32.9%
Native Hawaiian or Other Pacific Islander	38.5%	61.5%
Some other race	53.7%	46.3%
Population of two or more races	63.1%	36.9%
Hispanic or Latino	57.1%	42.9%

EXPIRING USE UNITS:

Number: 794

HOUSING STOCK BUILT BEFORE 1939

Percent: 26.2%

HOUSING STOCK BUILT BEFORE 1979

Percent: 84.1%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	76
Section 236	136
Section 42	144
100% Section 8	391

Subsidized rental units/total number of units:

Percent: 28%

SPECIAL NEEDS POPULATIONS

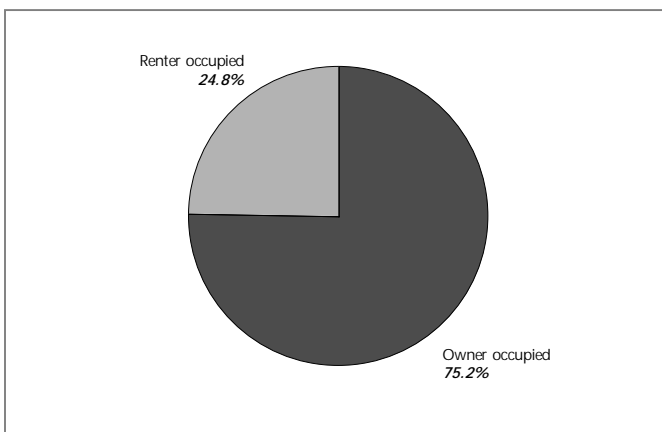
Number of AIDS cases: 99

Number of HIV cases: 88

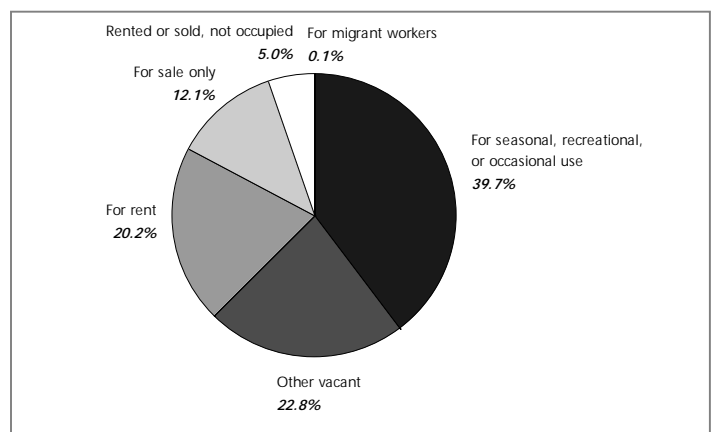
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.8%
Age 65 and over	11.4%
Age 75 +	27.3%
Total	7.0%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 45,922

RATE OF CHANGE (1990 to 2000): 7.2%

COUNTY SEAT: BEDFORD (POP. 13,768)

LARGEST CITY: BEDFORD (POP. 13,768)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,983	6.5%
5 to 9 years	3,193	7.0%
10 to 17 years	5,098	11.1%
18 to 24 years	3,516	7.7%
25 to 34 years	5,914	12.9%
35 to 44 years	6,969	15.2%
45 to 54 years	6,671	14.5%
55 to 64 years	4,790	10.4%
65 to 69 years	1,895	4.1%
70 to 74 years	1,806	3.9%
75 to 84 years	2,293	5.0%
85 + years	794	1.7%
Total	45,922	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	44,711	97.4%
Black or African-American	177	0.4%
American Indian or Alaska Native	122	0.3%
Asian	129	0.3%
Native Hawaiian or Other Pacific Islander	4	0.0%
Some other race	30	0.1%
Population of two or more races	333	0.7%
Hispanic or Latino	416	0.9%
Total	45,922	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.44**AVERAGE FAMILY SIZE, 2000: 2.91****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.91
Black or African-American	3.07
American Indian or Alaska Native	3.05
Asian	3.52
Native Hawaiian or Other Pacific Islander	
Some other race	3.83
Population of two or more races	2.86
Hispanic or Latino	3.38
Average, all races	2.91

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.5%	6.6%
Two person household	14.0%	5.6%

MEDIAN FAMILY INCOME, 2002: \$48,100**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	67%
Very low (31 to 50% of median)	42%
Low (51 to 80% of median)	14%
Moderate (81 to 100% of median)	6%

housing market data

NUMBER OF HOUSING UNITS: 20,560

PERCENT OCCUPIED: 90.2%

PERCENT VACANT: 9.8%

OWNER-OCCUPIED VACANCY RATE: 2.1%

RENTAL VACANCY RATE: 9.3%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	81.7%	18.3%
Black or African-American	45.1%	54.9%
American Indian or Alaska Native	64.9%	35.1%
Asian	70.5%	29.5%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	54.5%	45.5%
Population of two or more races	60.6%	39.4%
Hispanic or Latino	67.4%	32.6%

EXPIRING USE UNITS:

Number: 217

HOUSING STOCK BUILT BEFORE 1939

Percent: 24.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 72.0%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	74
Section 236	48
Section 42	0
100% Section 8	369

Subsidized rental units/total number of units:

Percent: 66%

SPECIAL NEEDS POPULATIONS

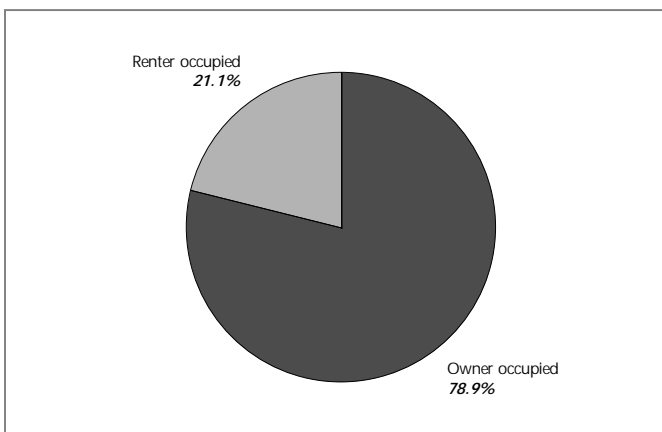
Number of AIDS cases: 23

Number of HIV cases: 8

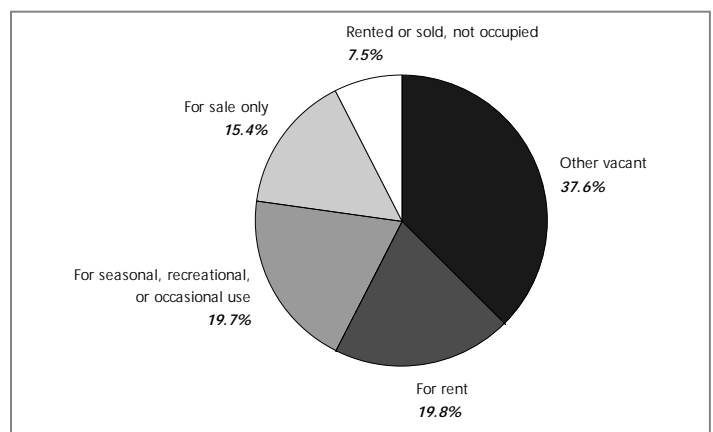
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.6%
Age 65 and over	17.2%
Age 75 +	36.1%
Total	7.3%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 45,128

RATE OF CHANGE (1990 to 2000): 7.0%

COUNTY SEAT: PLYMOUTH (POP. 9,840)

LARGEST CITY: PLYMOUTH (POP. 9,840)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	3,290	7.3%
5 to 9 years	3,498	7.8%
10 to 17 years	5,871	13.0%
18 to 24 years	3,908	8.7%
25 to 34 years	5,663	12.5%
35 to 44 years	6,979	15.5%
45 to 54 years	5,984	13.3%
55 to 64 years	3,932	8.7%
65 to 69 years	1,605	3.6%
70 to 74 years	1,508	3.3%
75 to 84 years	2,070	4.6%
85 + years	820	1.8%
Total	45,128	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	41,761	92.5%
Black or African-American	114	0.2%
American Indian or Alaska Native	121	0.3%
Asian	138	0.3%
Native Hawaiian or Other Pacific Islander	5	0.0%
Some other race	19	0.0%
Population of two or more races	306	0.7%
Hispanic or Latino	2,664	5.9%
Total	45,128	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.69**AVERAGE FAMILY SIZE, 2000: 3.15****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.11
Black or African-American	3.31
American Indian or Alaska Native	4.07
Asian	3.37
Native Hawaiian or Other Pacific Islander	3.00
Some other race	4.14
Population of two or more races	3.54
Hispanic or Latino	4.00
Average, all races	3.15

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.0%	6.2%
Two person household	14.5%	6.1%

MEDIAN FAMILY INCOME, 2002: \$54,300**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,650
Very low (31 to 50% of median)	\$24,450
Low (51 to 80 % of median)	\$39,100

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	70%
Very low (31 to 50% of median)	48%
Low (51 to 80% of median)	18%
Moderate (81 to 100% of median)	8%

housing market data

NUMBER OF HOUSING UNITS: 18,099

PERCENT OCCUPIED: 91.3%

PERCENT VACANT: 8.7%

OWNER-OCCUPIED VACANCY RATE: 1.3%

RENTAL VACANCY RATE: 6.3%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	80.7%	19.3%
Black or African-American	32.1%	67.9%
American Indian or Alaska Native	49.3%	50.7%
Asian	68.9%	31.1%
Native Hawaiian or Other Pacific Islander	0.0%	100.0%
Some other race	43.4%	56.6%
Population of two or more races	67.0%	33.0%
Hispanic or Latino	47.8%	52.2%

EXPIRING USE UNITS:

Number: 185

HOUSING STOCK BUILT BEFORE 1939

Percent: 30.2%

HOUSING STOCK BUILT BEFORE 1979

Percent: 78.7%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	242
Section 202	76
Section 42	0
100% Section 8	48

Subsidized rental units/total number of units:

Percent: 51%

SPECIAL NEEDS POPULATIONS

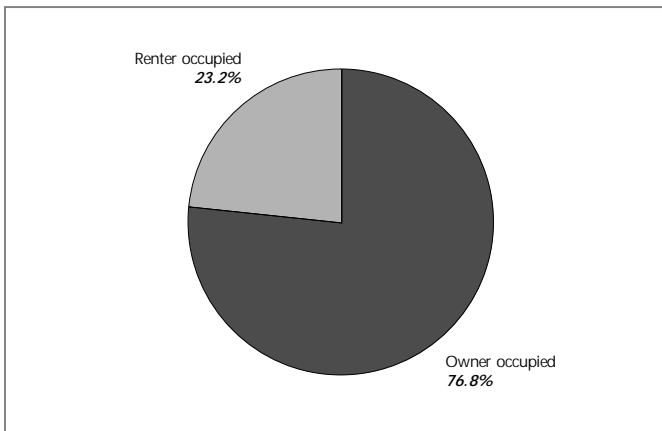
Number of AIDS cases: 13

Number of HIV cases: 5

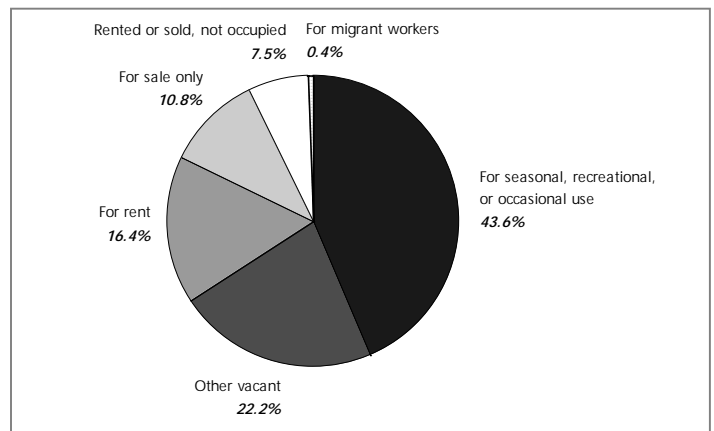
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.4%
Age 65 and over	12.0%
Age 75 +	24.7%
Total	5.7%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 36,082
RATE OF CHANGE (1990 to 2000): -2.2%

COUNTY SEAT: PERU (POP. 12,994)
LARGEST CITY: PERU (POP. 12,994)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,313	6.4%
5 to 9 years	2,656	7.4%
10 to 17 years	4,367	12.1%
18 to 24 years	2,915	8.1%
25 to 34 years	4,863	13.5%
35 to 44 years	5,914	16.4%
45 to 54 years	5,094	14.1%
55 to 64 years	3,318	9.2%
65 to 69 years	1,292	3.6%
70 to 74 years	1,220	3.4%
75 to 84 years	1,611	4.5%
85 + years	519	1.4%
Total	36,082	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	33,560	93.0%
Black or African-American	1,066	3.0%
American Indian or Alaska Native	375	1.0%
Asian	115	0.3%
Native Hawaiian or Other Pacific Islander	4	0.0%
Some other race	25	0.1%
Population of two or more races	459	1.3%
Hispanic or Latino	478	1.3%
Total	36,082	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.52

AVERAGE FAMILY SIZE, 2000: 3.00

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	2.99
Black or African-American	3.16
American Indian or Alaska Native	2.99
Asian	3.12
Native Hawaiian or Other Pacific Islander	3.33
Some other race	3.54
Population of two or more races	3.18
Hispanic or Latino	3.42
Average, all races	3.00

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.1%	6.1%
Two person household	13.6%	5.6%

MEDIAN FAMILY INCOME, 2002: \$46,400

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	68%
Very low (31 to 50% of median)	40%
Low (51 to 80% of median)	12%
Moderate (81 to 100% of median)	8%

housing market data

NUMBER OF HOUSING UNITS: 15,299

PERCENT OCCUPIED: 89.7%

PERCENT VACANT: 10.3%

OWNER-OCCUPIED VACANCY RATE: 1.7%

RENTAL VACANCY RATE: 10.6%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	78.0%	22.0%
Black or African-American	52.5%	47.5%
American Indian or Alaska Native	79.2%	20.8%
Asian	70.8%	29.2%
Native Hawaiian or Other Pacific Islander	76.9%	23.1%
Some other race	58.3%	41.7%
Population of two or more races	62.6%	37.4%
Hispanic or Latino	64.4%	35.6%

EXPIRING USE UNITS:

Number: 88

HOUSING STOCK BUILT BEFORE 1939

Percent: 38.4%

HOUSING STOCK BUILT BEFORE 1979

Percent: 85.0%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	140
Section 236	144
Section 42	0
100% Section 8	0

Subsidized rental units/total number of units:

Percent: 20%

SPECIAL NEEDS POPULATIONS

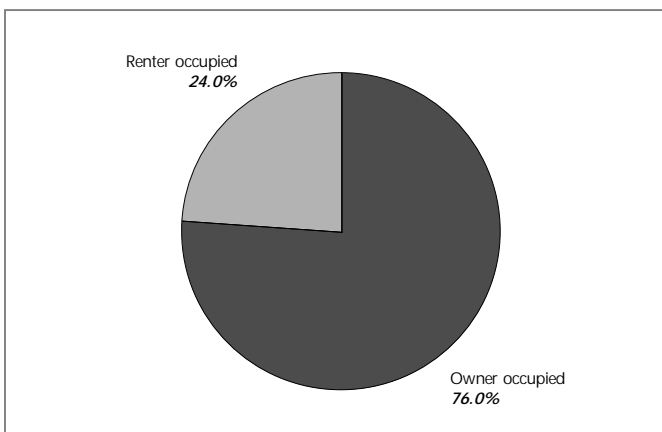
Number of AIDS cases: 19

Number of HIV cases: 13

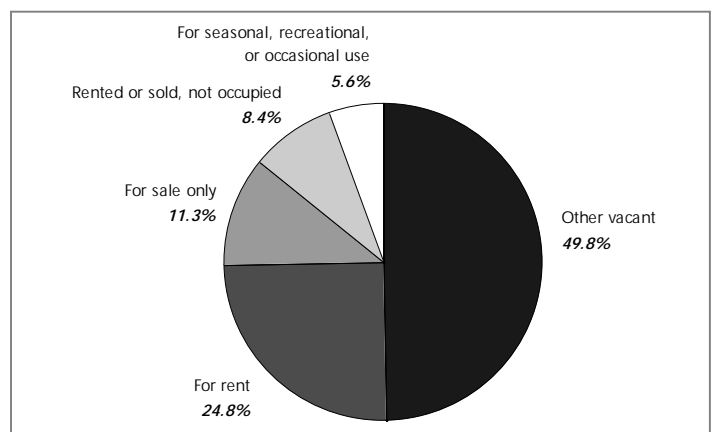
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.6%
Age 65 and over	9.4%
Age 75 +	30.7%
Total	5.9%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 37,629

RATE OF CHANGE (1990 to 2000): 9.3%

COUNTY SEAT: CRAWFORDSVILLE (POP. 15,243)

LARGEST CITY: CRAWFORDSVILLE (POP. 15,243)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,507	6.7%
5 to 9 years	2,855	7.6%
10 to 17 years	4,404	11.7%
18 to 24 years	3,391	9.0%
25 to 34 years	4,721	12.5%
35 to 44 years	6,027	16.0%
45 to 54 years	4,826	12.8%
55 to 64 years	3,676	9.8%
65 to 69 years	1,423	3.8%
70 to 74 years	1,287	3.4%
75 to 84 years	1,837	4.9%
85 + years	675	1.8%
Total	37,629	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	36,223	96.3%
Black or African-American	281	0.7%
American Indian or Alaska Native	73	0.2%
Asian	158	0.4%
Native Hawaiian or Other Pacific Islander	9	0.0%
Some other race	30	0.1%
Population of two or more races	244	0.6%
Hispanic or Latino	611	1.6%
Total	37,629	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.50**AVERAGE FAMILY SIZE, 2000: 2.97****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.96
Black or African-American	3.42
American Indian or Alaska Native	3.00
Asian	3.22
Native Hawaiian or Other Pacific Islander	3.00
Some other race	3.70
Population of two or more races	3.33
Hispanic or Latino	3.58
Average, all races	2.97

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.0%	6.9%
Two person household	13.5%	5.5%

MEDIAN FAMILY INCOME, 2002: \$55,200**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,900
Very low (31 to 50% of median)	\$24,850
Low (51 to 80 % of median)	\$39,750

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	66%
Very low (31 to 50% of median)	42%
Low (51 to 80% of median)	17%
Moderate (81 to 100% of median)	6%

housing market data

NUMBER OF HOUSING UNITS: 15,678

PERCENT OCCUPIED: 93.1%

PERCENT VACANT: 6.9%

OWNER-OCCUPIED VACANCY RATE: 1.7%

RENTAL VACANCY RATE: 8.5%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	76.5%	23.5%
Black or African-American	34.8%	65.2%
American Indian or Alaska Native	45.0%	55.0%
Asian	57.1%	42.9%
Native Hawaiian or Other Pacific Islander	0.0%	100.0%
Some other race	23.4%	76.6%
Population of two or more races	61.9%	38.1%
Hispanic or Latino	29.0%	71.0%

EXPIRING USE UNITS:

Number: 241

HOUSING STOCK BUILT BEFORE 1939

Percent: 30.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 78.6%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	216
Section 236	0
Section 42	139
100% Section 8	37

Subsidized rental units/total number of units:

Percent: 44%

SPECIAL NEEDS POPULATIONS

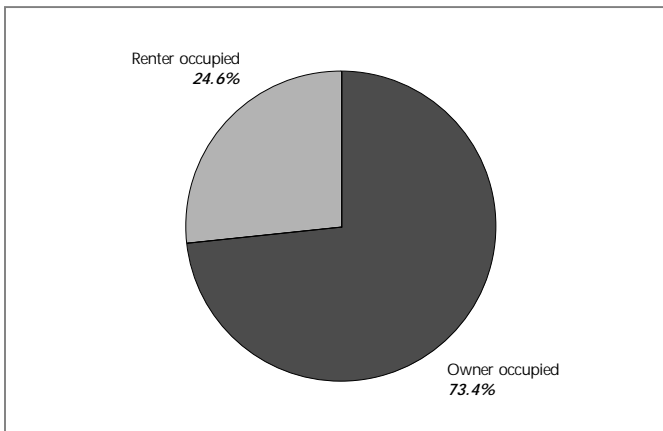
Number of AIDS cases: 27

Number of HIV cases: 10

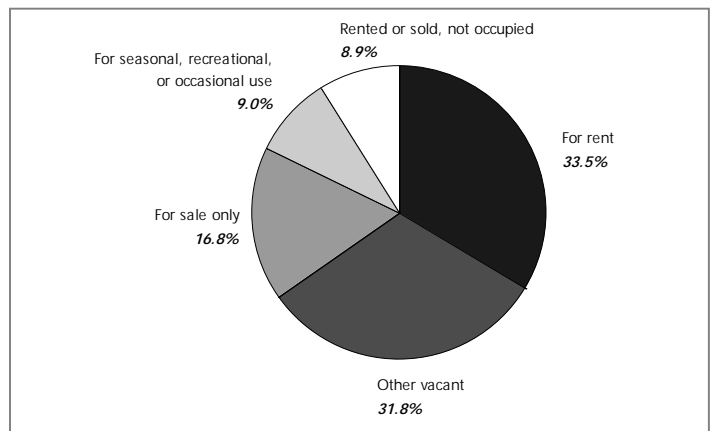
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.0%
Age 65 and over	10.2%
Age 75 +	30.2%
Total	5.7%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 46,275
RATE OF CHANGE (1990 to 2000): 22.2%

COUNTY SEAT: ALBION (POP. 2,284)
LARGEST CITY: KENDALLVILLE (POP. 9,616)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	3,695	8.0%
5 to 9 years	3,708	8.0%
10 to 17 years	6,021	13.0%
18 to 24 years	4,251	9.2%
25 to 34 years	6,626	14.3%
35 to 44 years	7,243	15.7%
45 to 54 years	5,979	12.9%
55 to 64 years	3,650	7.9%
65 to 69 years	1,391	3.0%
70 to 74 years	1,290	2.8%
75 to 84 years	1,821	3.9%
85 + years	600	1.3%
Total	46,275	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	42,221	91.2%
Black or African-American	172	0.4%
American Indian or Alaska Native	94	0.2%
Asian	166	0.4%
Native Hawaiian or Other Pacific Islander	8	0.0%
Some other race	8	0.0%
Population of two or more races	307	0.7%
Hispanic or Latino	3,299	7.1%
Total	46,275	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.73

AVERAGE FAMILY SIZE, 2000: 3.19

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	3.12
Black or African-American	3.32
American Indian or Alaska Native	3.57
Asian	3.83
Native Hawaiian or Other Pacific Islander	
Some other race	4.45
Population of two or more races	3.47
Hispanic or Latino	4.43
Average, all races	3.19

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	8.6%	5.2%
Two person household	12.3%	5.2%

MEDIAN FAMILY INCOME, 2002: \$59,500

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$16,050
Very low (31 to 50% of median)	\$26,800
Low (51 to 80 % of median)	\$42,850

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	63%
Very low (31 to 50% of median)	35%
Low (51 to 80% of median)	12%
Moderate (81 to 100% of median)	5%

housing market data

NUMBER OF HOUSING UNITS: 18,233

PERCENT OCCUPIED: 91.6%

PERCENT VACANT: 8.4%

OWNER-OCCUPIED VACANCY RATE: 2.3%

RENTAL VACANCY RATE: 6.9%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	82.2%	17.8%
Black or African-American	27.7%	72.3%
American Indian or Alaska Native	68.8%	31.3%
Asian	66.9%	33.1%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	57.3%	42.7%
Population of two or more races	59.9%	40.1%
Hispanic or Latino	63.1%	36.9%

EXPIRING USE UNITS:

Number: 224

HOUSING STOCK BUILT BEFORE 1939

Percent: 27.9%

HOUSING STOCK BUILT BEFORE 1979

Percent: 70.9%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	422
Section 236	0
Section 42	0
100% Section 8	336

Subsidized rental units/total number of units:

Percent: 75%

SPECIAL NEEDS POPULATIONS

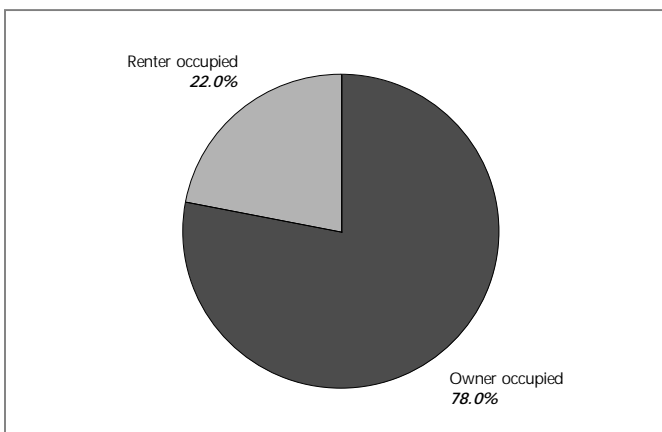
Number of AIDS cases: 13

Number of HIV cases: 5

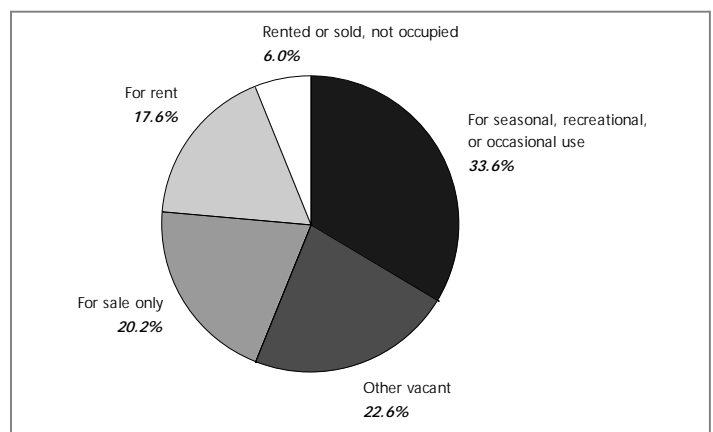
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.6%
Age 65 and over	12.6%
Age 75 +	27.7%
Total	5.8%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 17,241
RATE OF CHANGE (1990 to 2000): 11.9%

COUNTY SEAT: ROCKVILLE (POP. 2,765)
LARGEST CITY: ROCKVILLE (POP. 2,765)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	940	5.5%
5 to 9 years	1,122	6.5%
10 to 17 years	2,052	11.9%
18 to 24 years	1,259	7.3%
25 to 34 years	2,101	12.2%
35 to 44 years	2,853	16.5%
45 to 54 years	2,459	14.3%
55 to 64 years	1,925	11.2%
65 to 69 years	732	4.2%
70 to 74 years	660	3.8%
75 to 84 years	862	5.0%
85 + years	276	1.6%
Total	17,241	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	16,560	96.1%
Black or African-American	368	2.1%
American Indian or Alaska Native	41	0.2%
Asian	31	0.2%
Native Hawaiian or Other Pacific Islander	4	0.0%
Some other race	14	0.1%
Population of two or more races	119	0.7%
Hispanic or Latino	104	0.6%
Total	17,241	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.51

AVERAGE FAMILY SIZE, 2000: 2.97

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	2.96
Black or African-American	3.38
American Indian or Alaska Native	3.89
Asian	3.67
Native Hawaiian or Other Pacific Islander	
Some other race	8.00
Population of two or more races	2.91
Hispanic or Latino	3.31
Average, all races	2.97

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.6%	6.8%
Two person household	16.1%	6.7%

MEDIAN FAMILY INCOME, 2002: \$45,700

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	60%
Very low (31 to 50% of median)	29%
Low (51 to 80% of median)	8%
Moderate (81 to 100% of median)	5%

housing market data

NUMBER OF HOUSING UNITS: 7,539

PERCENT OCCUPIED: 85.1%

PERCENT VACANT: 14.9%

OWNER-OCCUPIED VACANCY RATE: 2.1%

RENTAL VACANCY RATE: 6.7%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	81.7%	18.3%
Black or African-American	50.0%	50.0%
American Indian or Alaska Native	95.1%	4.9%
Asian	50.0%	50.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	76.2%	23.8%
Population of two or more races	69.0%	31.0%
Hispanic or Latino	62.5%	37.5%

EXPIRING USE UNITS:

Number: 60

HOUSING STOCK BUILT BEFORE 1939

Percent: 31.8%

HOUSING STOCK BUILT BEFORE 1979

Percent: 81.0%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	138
Section 236	0
Section 42	0
100% Section 8	60

Subsidized rental units/total number of units:

Percent: 88%

SPECIAL NEEDS POPULATIONS

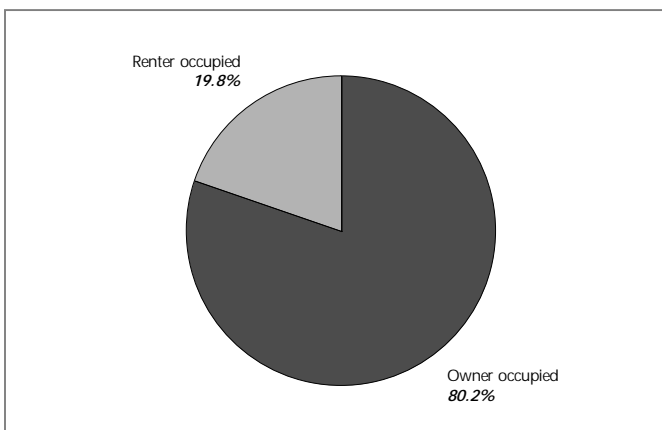
Number of AIDS cases: 8

Number of HIV cases: 5

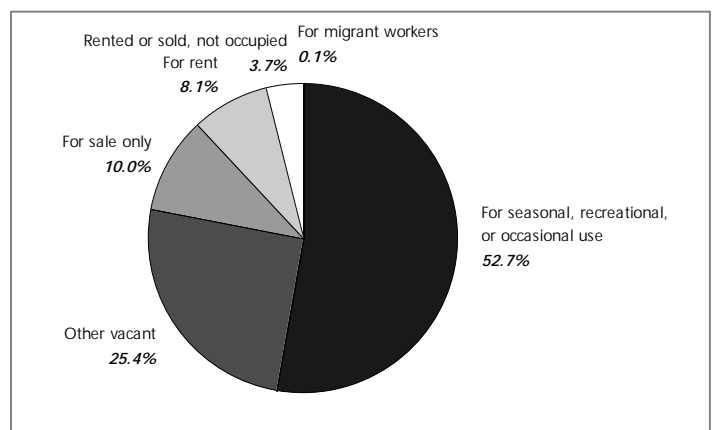
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.2%
Age 65 and over	11.8%
Age 75 +	34.1%
Total	6.7%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 18,899
RATE OF CHANGE (1990 to 2000): -1.1%

COUNTY SEAT: TELL CITY (POP. 7,845)
LARGEST CITY: TELL CITY (POP. 7,845)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,021	5.4%
5 to 9 years	1,166	6.2%
10 to 17 years	2,138	11.3%
18 to 24 years	1,844	9.8%
25 to 34 years	2,369	12.5%
35 to 44 years	3,144	16.6%
45 to 54 years	2,678	14.2%
55 to 64 years	1,721	9.1%
65 to 69 years	742	3.9%
70 to 74 years	713	3.8%
75 to 84 years	1,029	5.4%
85 + years	334	1.8%
Total	18,899	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	18,345	97.1%
Black or African-American	272	1.4%
American Indian or Alaska Native	32	0.2%
Asian	22	0.1%
Native Hawaiian or Other Pacific Islander	3	0.0%
Some other race	5	0.0%
Population of two or more races	87	0.5%
Hispanic or Latino	133	0.7%
Total	18,899	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.45

AVERAGE FAMILY SIZE, 2000: 2.96

AVERAGE FAMILY SIZE BY RACE, 2000

	<i>Average family size</i>
White	2.96
Black or African-American	2.67
American Indian or Alaska Native	3.00
Asian	3.20
Native Hawaiian or Other Pacific Islander	
Some other race	3.50
Population of two or more races	2.25
Hispanic or Latino	3.24
Average, all races	2.96

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	12.7%	7.7%
Two person household	15.0%	6.7%

MEDIAN FAMILY INCOME, 2002: \$49,000

SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	66%
Very low (31 to 50% of median)	33%
Low (51 to 80% of median)	9%
Moderate (81 to 100% of median)	2%

housing market data

NUMBER OF HOUSING UNITS: 8,223

PERCENT OCCUPIED: 88.4%

PERCENT VACANT: 11.6%

OWNER-OCCUPIED VACANCY RATE: 1.7%

RENTAL VACANCY RATE: 9.5%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	83.1%	16.9%
Black or African-American	18.8%	81.3%
American Indian or Alaska Native	47.1%	52.9%
Asian	85.0%	15.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	41.2%	58.8%
Population of two or more races	68.0%	32.0%
Hispanic or Latino	55.7%	44.3%

EXPIRING USE UNITS:

Number: 93

HOUSING STOCK BUILT BEFORE 1939

Percent: 23.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 77.5%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	24
Section 236	0
Section 42	0
100% Section 8	223

Subsidized rental units/total number of units:

Percent: 65%

SPECIAL NEEDS POPULATIONS

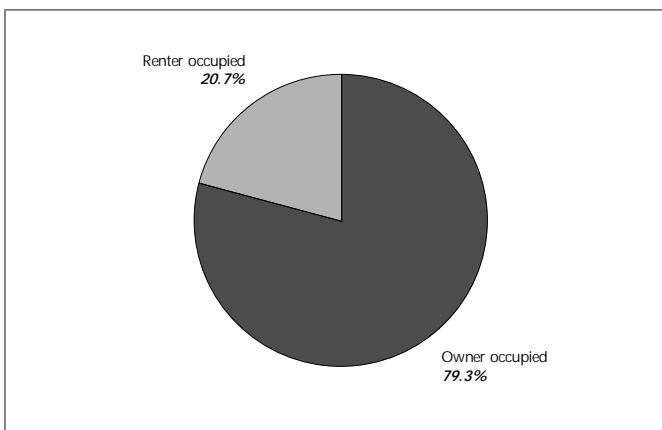
Number of AIDS cases: 12

Number of HIV cases: 2

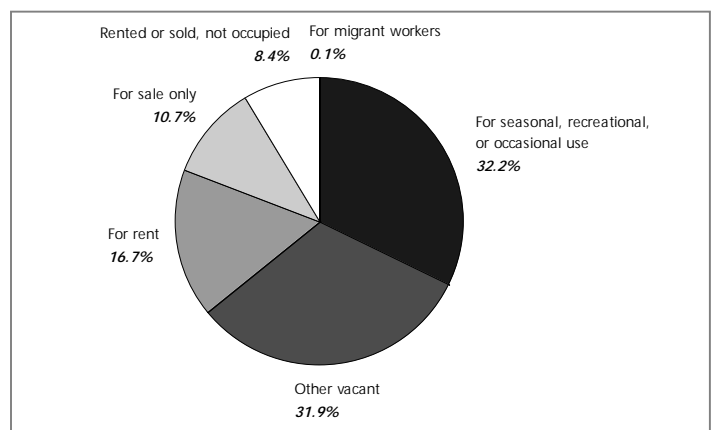
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.9%
Age 65 and over	9.3%
Age 75 +	25.4%
Total	6.2%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 27,061

RATE OF CHANGE (1990 to 2000): 4.2%

COUNTY SEAT: MOUNT VERNON (POP. 7,478)

LARGEST CITY: MOUNT VERNON (POP. 7,478)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,718	6.3%
5 to 9 years	2,033	7.5%
10 to 17 years	3,640	13.5%
18 to 24 years	1,992	7.4%
25 to 34 years	3,073	11.4%
35 to 44 years	4,764	17.6%
45 to 54 years	3,926	14.5%
55 to 64 years	2,552	9.4%
65 to 69 years	958	3.5%
70 to 74 years	883	3.3%
75 to 84 years	1,161	4.3%
85 + years	361	1.3%
Total	27,061	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	26,443	97.7%
Black or African-American	231	0.9%
American Indian or Alaska Native	66	0.2%
Asian	42	0.2%
Native Hawaiian or Other Pacific Islander	1	0.0%
Some other race	13	0.0%
Population of two or more races	147	0.5%
Hispanic or Latino	118	0.4%
Total	27,061	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.63**AVERAGE FAMILY SIZE, 2000: 3.08****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.08
Black or African-American	3.26
American Indian or Alaska Native	2.59
Asian	3.40
Native Hawaiian or Other Pacific Islander	4.00
Some other race	2.86
Population of two or more races	3.13
Hispanic or Latino	3.29
Average, all races	3.08

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.8%	7.2%
Two person household	15.3%	6.5%

MEDIAN FAMILY INCOME, 2002: \$54,700**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,750
Very low (31 to 50% of median)	\$24,600
Low (51 to 80 % of median)	\$39,400

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	66%
Very low (31 to 50% of median)	30%
Low (51 to 80% of median)	14%
Moderate (81 to 100% of median)	10%

housing market data

NUMBER OF HOUSING UNITS: 11,076

PERCENT OCCUPIED: 92.1%

PERCENT VACANT: 7.9%

OWNER-OCCUPIED VACANCY RATE: 1.6%

RENTAL VACANCY RATE: 12.4%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	84.5%	15.5%
Black or African-American	40.6%	59.4%
American Indian or Alaska Native	78.6%	21.4%
Asian	82.6%	17.4%
Native Hawaiian or Other Pacific Islander	100.0%	0.0%
Some other race	65.1%	34.9%
Population of two or more races	62.1%	37.9%
Hispanic or Latino	69.9%	30.1%

EXPIRING USE UNITS:

Number: 116

HOUSING STOCK BUILT BEFORE 1939

Percent: 21.6%

HOUSING STOCK BUILT BEFORE 1979

Percent: 78.5%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	60
Section 202	0
Section 42	37
100% Section 8	204

Subsidized rental units/total number of units:

Percent: 72%

SPECIAL NEEDS POPULATIONS

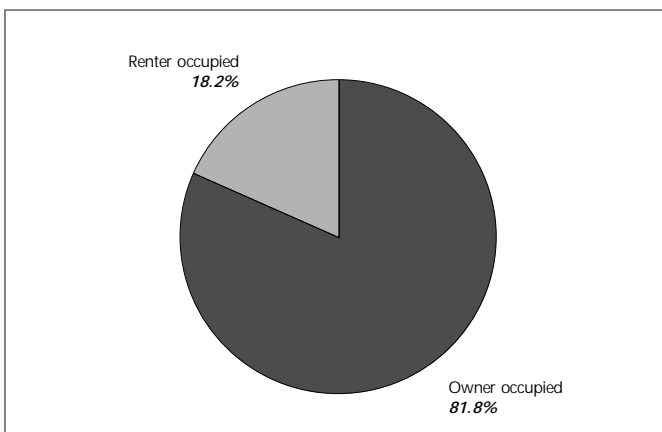
Number of AIDS cases: 8

Number of HIV cases: 0

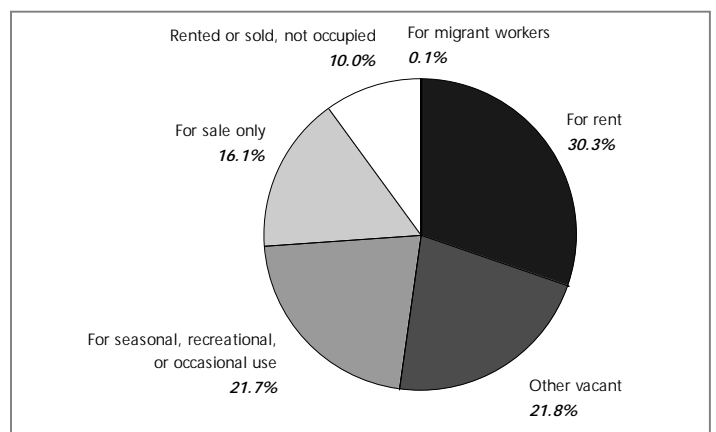
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.8%
Age 65 and over	11.5%
Age 75 +	29.6%
Total	6.1%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 36,019

RATE OF CHANGE (1990 to 2000): 18.8%

COUNTY SEAT: GREENCASTLE (POP. 9,880)

LARGEST CITY: GREENCASTLE (POP. 9,840)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,215	6.1%
5 to 9 years	2,331	6.5%
10 to 17 years	3,949	11.0%
18 to 24 years	4,756	13.2%
25 to 34 years	4,673	13.0%
35 to 44 years	5,858	16.3%
45 to 54 years	4,447	12.3%
55 to 64 years	3,349	9.3%
65 to 69 years	1,381	3.8%
70 to 74 years	1,135	3.2%
75 to 84 years	1,349	3.7%
85 + years	576	1.6%
Total	36,019	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	33,972	94.3%
Black or African-American	1,044	2.9%
American Indian or Alaska Native	102	0.3%
Asian	185	0.5%
Native Hawaiian or Other Pacific Islander	11	0.0%
Some other race	13	0.0%
Population of two or more races	280	0.8%
Hispanic or Latino	412	1.1%
Total	36,019	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.56**AVERAGE FAMILY SIZE, 2000: 2.99****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.99
Black or African-American	3.22
American Indian or Alaska Native	3.26
Asian	2.94
Native Hawaiian or Other Pacific Islander	
Some other race	3.64
Population of two or more races	3.16
Hispanic or Latino	3.18
Average, all races	2.99

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	9.4%	5.3%
Two person household	15.0%	5.7%

MEDIAN FAMILY INCOME, 2002: \$54,600**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$14,750
Very low (31 to 50% of median)	\$24,550
Low (51 to 80 % of median)	\$39,300

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	67%
Very low (31 to 50% of median)	44%
Low (51 to 80% of median)	20%
Moderate (81 to 100% of median)	8%

housing market data

NUMBER OF HOUSING UNITS: 13,505

PERCENT OCCUPIED: 91.6%

PERCENT VACANT: 8.4%

OWNER-OCCUPIED VACANCY RATE: 2.3%

RENTAL VACANCY RATE: 5.2%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	81.5%	18.5%
Black or African-American	67.1%	32.9%
American Indian or Alaska Native	62.2%	37.8%
Asian	52.2%	47.8%
Native Hawaiian or Other Pacific Islander	0.0%	100%
Some other race	53.1%	46.9%
Population of two or more races	70.1%	29.9%
Hispanic or Latino	48.3%	51.7%

EXPIRING USE UNITS:

Number: 132

HOUSING STOCK BUILT BEFORE 1939

Percent: 23.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 67.6%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	169
Section 236	0
Section 42	0
100% Section 8	25

Subsidized rental units/total number of units:

Percent: 31%

SPECIAL NEEDS POPULATIONS

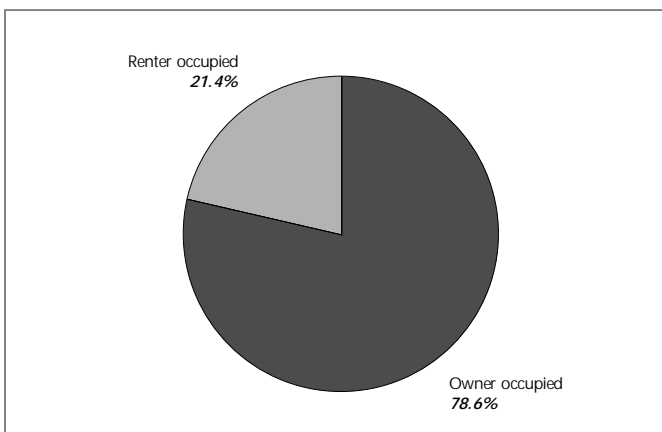
Number of AIDS cases: 37

Number of HIV cases: 17

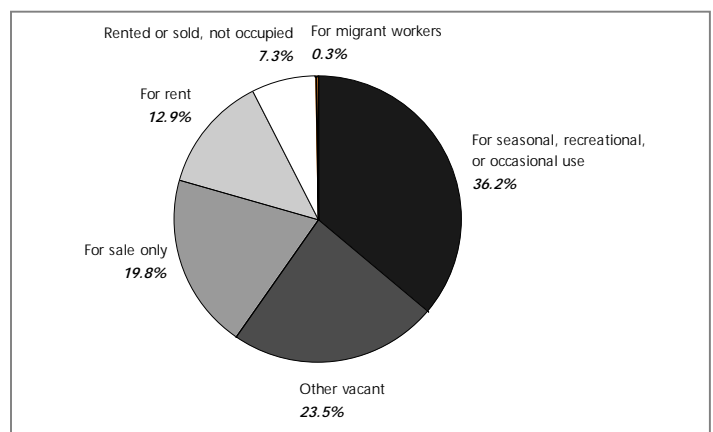
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.1%
Age 65 and over	10.1%
Age 75 +	26.9%
Total	5.4%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 27,401

RATE OF CHANGE (1990 to 2000): 0.9%

COUNTY SEAT: WINCHESTER (POP. 5,037)

LARGEST CITY: WINCHESTER (POP. 5,037)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,835	6.7%
5 to 9 years	1,901	6.9%
10 to 17 years	3,169	11.6%
18 to 24 years	2,165	7.9%
25 to 34 years	3,372	12.3%
35 to 44 years	4,113	15.0%
45 to 54 years	3,717	13.6%
55 to 64 years	2,797	10.2%
65 to 69 years	1,182	4.3%
70 to 74 years	1,099	4.0%
75 to 84 years	1,508	5.5%
85 + years	543	2.0%
Total	27,401	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	26,716	97.5%
Black or African-American	64	0.2%
American Indian or Alaska Native	50	0.2%
Asian	41	0.1%
Native Hawaiian or Other Pacific Islander	8	0.0%
Some other race	8	0.0%
Population of two or more races	181	0.7%
Hispanic or Latino	333	1.2%
Total	27,401	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.48**AVERAGE FAMILY SIZE, 2000: 2.95****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.94
Black or African-American	3.27
American Indian or Alaska Native	2.75
Asian	3.44
Native Hawaiian or Other Pacific Islander	4.00
Some other race	3.84
Population of two or more races	3.32
Hispanic or Latino	3.64
Average, all races	2.95

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.9%	7.2%
Two person household	15.6%	6.7%

MEDIAN FAMILY INCOME, 2002: \$43,000**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	73%
Very low (31 to 50% of median)	36%
Low (51 to 80% of median)	12%
Moderate (81 to 100% of median)	7%

housing market data

NUMBER OF HOUSING UNITS: 11,775

PERCENT OCCUPIED: 92.9%

PERCENT VACANT: 7.1%

OWNER-OCCUPIED VACANCY RATE: 1.8%

RENTAL VACANCY RATE: 7.5%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	77.5%	22.5%
Black or African-American	75.5%	24.5%
American Indian or Alaska Native	67.4%	32.6%
Asian	53.7%	46.3%
Native Hawaiian or Other Pacific Islander	80.0%	20.0%
Some other race	43.0%	57.0%
Population of two or more races	53.5%	46.5%
Hispanic or Latino	46.3%	53.7%

EXPIRING USE UNITS:

Number: 77

HOUSING STOCK BUILT BEFORE 1939

Percent: 42.8%

HOUSING STOCK BUILT BEFORE 1979

Percent: 88.6%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	214
Section 236	0
Section 42	0
100% Section 8	48

Subsidized rental units/total number of units:

Percent: 85%

SPECIAL NEEDS POPULATIONS

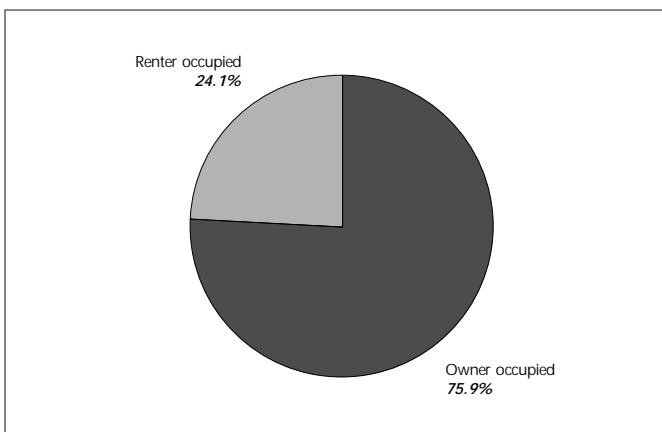
Number of AIDS cases: 14

Number of HIV cases: 6

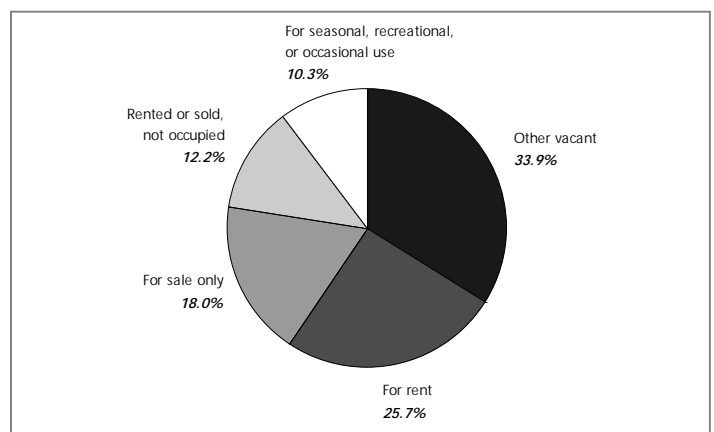
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.8%
Age 65 and over	10.8%
Age 75 +	28.6%
Total	6.6%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 20,391

RATE OF CHANGE (1990 to 2000): 4.6%

COUNTY SEAT: ROCKPORT (POP. 2,160)

LARGEST CITY: ROCKPORT (POP. 2,160)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,276	6.3%
5 to 9 years	1,522	7.5%
10 to 17 years	2,599	12.7%
18 to 24 years	1,496	7.3%
25 to 34 years	2,530	12.4%
35 to 44 years	3,408	16.7%
45 to 54 years	2,907	14.3%
55 to 64 years	2,011	9.9%
65 to 69 years	791	3.9%
70 to 74 years	686	3.4%
75 to 84 years	875	4.3%
85 + years	290	1.4%
Total	20,391	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	19,793	97.1%
Black or African-American	110	0.5%
American Indian or Alaska Native	44	0.2%
Asian	39	0.2%
Native Hawaiian or Other Pacific Islander	1	0.0%
Some other race	10	0.0%
Population of two or more races	91	0.4%
Hispanic or Latino	303	1.5%
Total	20,391	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.65**AVERAGE FAMILY SIZE, 2000: 3.07****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	3.06
Black or African-American	3.34
American Indian or Alaska Native	2.64
Asian	3.14
Native Hawaiian or Other Pacific Islander	
Some other race	4.17
Population of two or more races	2.81
Hispanic or Latino	3.69
Average, all races	3.07

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	10.0%	5.7%
Two person household	14.3%	5.6%

MEDIAN FAMILY INCOME, 2002: \$55,500**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$15,000
Very low (31 to 50% of median)	\$25,000
Low (51 to 80 % of median)	\$39,950

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	57%
Very low (31 to 50% of median)	36%
Low (51 to 80% of median)	15%
Moderate (81 to 100% of median)	6%

NUMBER OF HOUSING UNITS: 8,333

PERCENT OCCUPIED: 90.8%

PERCENT VACANT: 9.2%

OWNER-OCCUPIED VACANCY RATE: 1.7%

RENTAL VACANCY RATE: 12.4%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	86.0%	14.0%
Black or African-American	65.2%	34.8%
American Indian or Alaska Native	46.9%	53.1%
Asian	72.7%	27.3%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	65.5%	34.5%
Population of two or more races	74.6%	25.4%
Hispanic or Latino	60.4%	39.6%

EXPIRING USE UNITS:

Number: 22

HOUSING STOCK BUILT BEFORE 1939

Percent: 20.4%

HOUSING STOCK BUILT BEFORE 1979

Percent: 73.2%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

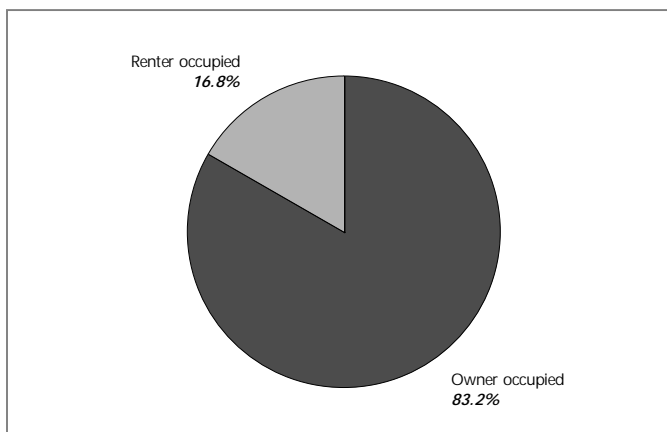
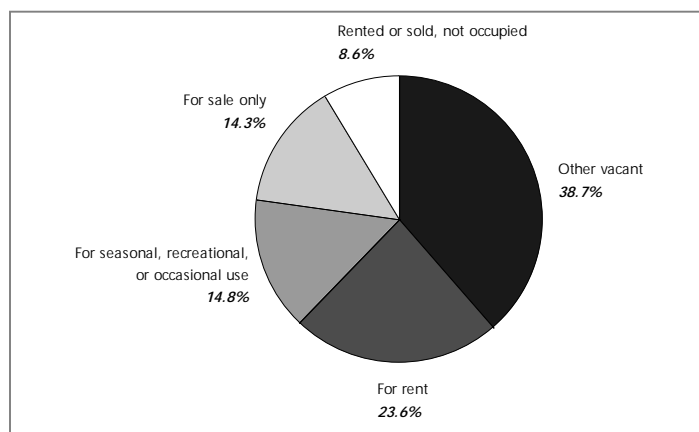
<i>Program</i>	<i>Number of units</i>
Rural Development	24
Section 236	0
Section 42	0
100% Section 8	0

Subsidized rental units/total number of units:

Percent: 13%

SPECIAL NEEDS POPULATIONS**Number of AIDS cases: 9****Number of HIV cases: 5****PERSONS WITH MOBILITY LIMITATIONS, 1990**

	<i>Percent</i>
Ages 16 to 64	4.0%
Age 65 and over	17.2%
Age 75 +	31.3%
Total	7.1%

TENURE, 2000**VACANCY STATUS, 2000**

See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 33,214

RATE OF CHANGE (1990 to 2000): 21.0%

COUNTY SEAT: ANGOLA (POP. 7,344)

LARGEST CITY: ANGOLA (POP. 7,344)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	2,199	6.6%
5 to 9 years	2,442	7.4%
10 to 17 years	3,880	11.7%
18 to 24 years	3,462	10.4%
25 to 34 years	4,356	13.1%
35 to 44 years	5,123	15.4%
45 to 54 years	4,609	13.9%
55 to 64 years	3,207	9.7%
65 to 69 years	1,185	3.6%
70 to 74 years	1,000	3.0%
75 to 84 years	1,286	3.9%
85 + years	465	1.4%
Total	33,214	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	31,931	96.1%
Black or African-American	119	0.4%
American Indian or Alaska Native	94	0.3%
Asian	132	0.4%
Native Hawaiian or Other Pacific Islander	6	0.0%
Some other race	19	0.1%
Population of two or more races	230	0.7%
Hispanic or Latino	683	2.1%
Total	33,214	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.53**AVERAGE FAMILY SIZE, 2000: 3.00****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.99
Black or African-American	2.96
American Indian or Alaska Native	3.17
Asian	2.89
Native Hawaiian or Other Pacific Islander	2.00
Some other race	3.89
Population of two or more races	3.08
Hispanic or Latino	3.81
Average, all races	3.00

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	9.1%	5.4%
Two person household	12.7%	5.0%

MEDIAN FAMILY INCOME, 2002: \$56,000**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$15,100
Very low (31 to 50% of median)	\$25,200
Low (51 to 80 % of median)	\$40,300

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	59%
Very low (31 to 50% of median)	43%
Low (51 to 80% of median)	15%
Moderate (81 to 100% of median)	6%

housing market data

NUMBER OF HOUSING UNITS: 17,337

PERCENT OCCUPIED: 73.5%

PERCENT VACANT: 26.5%

OWNER-OCCUPIED VACANCY RATE: 2.3%

RENTAL VACANCY RATE: 8.7%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	81.3%	18.7%
Black or African-American	46.0%	54.0%
American Indian or Alaska Native	66.3%	33.7%
Asian	43.6%	56.4%
Native Hawaiian or Other Pacific Islander	57.1%	42.9%
Some other race	43.9%	56.1%
Population of two or more races	55.2%	44.8%
Hispanic or Latino	51.9%	48.1%

EXPIRING USE UNITS:

Number: 76

HOUSING STOCK BUILT BEFORE 1939

Percent: 22.9%

HOUSING STOCK BUILT BEFORE 1979

Percent: 70.7%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	56
Section 202	40
Section 42	0
100% Section 8	71

Subsidized rental units/total number of units:

Percent: 33%

SPECIAL NEEDS POPULATIONS

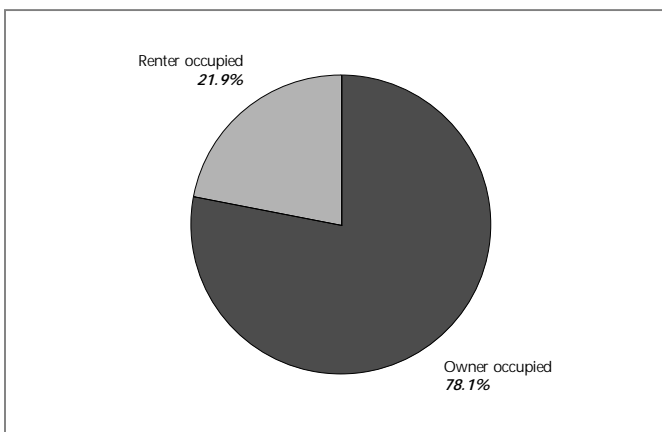
Number of AIDS cases: 10

Number of HIV cases: 6

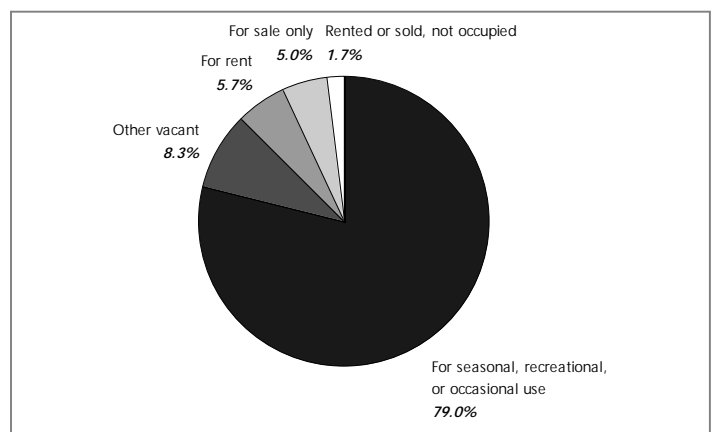
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	3.8%
Age 65 and over	12.9%
Age 75 +	28.3%
Total	6.3%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 21,751

RATE OF CHANGE (1990 to 2000): 14.5%

COUNTY SEAT: SULLIVAN (POP. 4,617)

LARGEST CITY: SULLIVAN (POP. 4,617)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	1,223	5.6%
5 to 9 years	1,349	6.2%
10 to 17 years	2,340	10.8%
18 to 24 years	2,035	9.4%
25 to 34 years	3,118	14.3%
35 to 44 years	3,518	16.2%
45 to 54 years	3,061	14.1%
55 to 64 years	2,041	9.4%
65 to 69 years	785	3.6%
70 to 74 years	790	3.6%
75 to 84 years	1,127	5.2%
85 + years	364	1.7%
Total	21,751	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	20,380	93.7%
Black or African-American	928	4.3%
American Indian or Alaska Native	54	0.2%
Asian	29	0.1%
Native Hawaiian or Other Pacific Islander	0	0.0%
Some other race	12	0.1%
Population of two or more races	169	0.8%
Hispanic or Latino	179	0.8%
Total	21,751	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.49**AVERAGE FAMILY SIZE, 2000: 2.96****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.96
Black or African-American	3.90
American Indian or Alaska Native	4.17
Asian	3.83
Native Hawaiian or Other Pacific Islander	
Some other race	3.78
Population of two or more races	2.89
Hispanic or Latino	3.42
Average, all races	2.96

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	13.1%	8.2%
Two person household	14.6%	6.2%

MEDIAN FAMILY INCOME, 2002: \$41,800**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	62%
Very low (31 to 50% of median)	35%
Low (51 to 80% of median)	10%
Moderate (81 to 100% of median)	5%

housing market data

NUMBER OF HOUSING UNITS: 8,804

PERCENT OCCUPIED: 88.8%

PERCENT VACANT: 11.2%

OWNER-OCCUPIED VACANCY RATE: 3.0%

RENTAL VACANCY RATE: 12.2%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	82.0%	18.0%
Black or African-American	45.2%	54.8%
American Indian or Alaska Native	74.6%	25.4%
Asian	75.0%	25.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	75.7%	24.3%
Population of two or more races	74.8%	25.2%
Hispanic or Latino	68.2%	31.8%

EXPIRING USE UNITS:

Number: 0

HOUSING STOCK BUILT BEFORE 1939

Percent: 38.5%

HOUSING STOCK BUILT BEFORE 1979

Percent: 86.8%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	110
Section 202	0
Section 42	0
100% Section 8	258

Subsidized rental units/total number of units:

Percent: 81%

SPECIAL NEEDS POPULATIONS

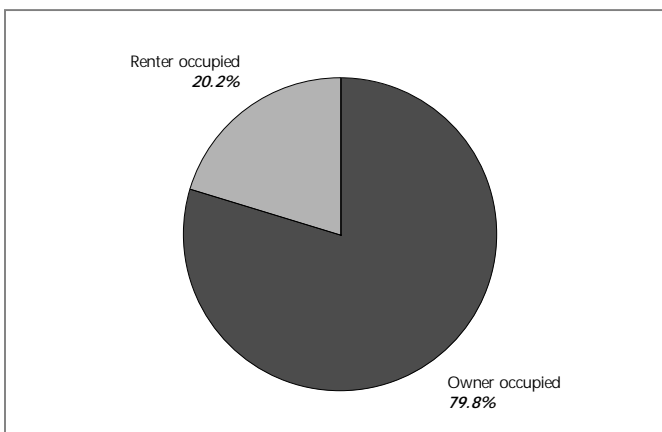
Number of AIDS cases: 14

Number of HIV cases: 8

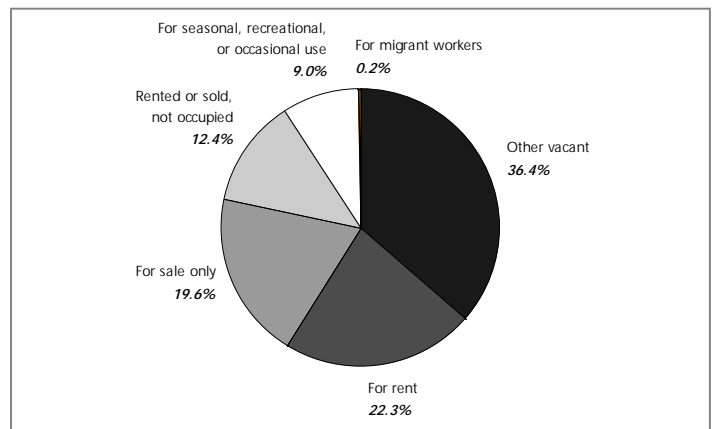
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.4%
Age 65 and over	12.9%
Age 75 +	35.5%
Total	8.4%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

POPULATION (2000): 71,097

RATE OF CHANGE (1990 to 2000): -1.2%

COUNTY SEAT: RICHMOND (POP. 39,124)

LARGEST CITY: RICHMOND (POP. 39,124)

AGE, 2000

	<i>Number</i>	<i>Percent</i>
0 to 5 years	4,430	6.2%
5 to 9 years	4,686	6.6%
10 to 17 years	8,099	11.4%
18 to 24 years	6,524	9.2%
25 to 34 years	8,995	12.7%
35 to 44 years	10,535	14.8%
45 to 54 years	9,591	13.5%
55 to 64 years	7,071	9.9%
65 to 69 years	2,913	4.1%
70 to 74 years	2,915	4.1%
75 to 84 years	3,965	5.6%
85 + years	1,373	1.9%
Total	71,097	100%

RACE AND ETHNICITY, 2000

	<i>Number</i>	<i>Percent</i>
White	64,967	91.4%
Black or African-American	3,594	5.1%
American Indian or Alaska Native	130	0.2%
Asian	356	0.5%
Native Hawaiian or Other Pacific Islander	18	0.0%
Some other race	128	0.2%
Population of two or more races	933	1.3%
Hispanic or Latino	971	1.4%
Total	71,097	100%

AVERAGE HOUSEHOLD SIZE, 2000: 2.42**AVERAGE FAMILY SIZE, 2000: 2.92****AVERAGE FAMILY SIZE BY RACE, 2000**

	<i>Average family size</i>
White	2.91
Black or African-American	3.12
American Indian or Alaska Native	3.67
Asian	3.17
Native Hawaiian or Other Pacific Islander	2.25
Some other race	3.56
Population of two or more races	2.91
Hispanic or Latino	3.37
Average, all races	2.92

ELDERLY HOUSEHOLDS/TOTAL HOUSEHOLDS 2000

	<i>% age 65+</i>	<i>% age 75+</i>
One person household	11.8%	7.2%
Two person household	15.3%	6.5%

MEDIAN FAMILY INCOME, 2002: \$44,000**SECTION 8 INCOME LIMITS, 3-PERSON FAMILY, 2002**

<i>Income range</i>	<i>3 person family</i>
Extremely low (0 to 30% of median)	\$13,600
Very low (31 to 50% of median)	\$22,650
Low (51 to 80 % of median)	\$36,200

PERCENT OF HOUSEHOLDS COST BURDENED, 1990

<i>Income range</i>	<i>Percent cost burden > 30%</i>
Extremely low (0 to 30% of median)	70%
Very low (31 to 50% of median)	46%
Low (51 to 80% of median)	18%
Moderate (81 to 100% of median)	9%

housing market data

NUMBER OF HOUSING UNITS: 30,468

PERCENT OCCUPIED: 93.4%

PERCENT VACANT: 6.6%

OWNER-OCCUPIED VACANCY RATE: 1.7%

RENTAL VACANCY RATE: 8.6%

TENURE BY RACE AND ETHNICITY

	<i>Owner Occupied</i>	<i>Renter Occupied</i>
White	72.5%	27.5%
Black or African-American	46.5%	53.5%
American Indian or Alaska Native	48.0%	52.0%
Asian	56.3%	43.7%
Native Hawaiian or Other Pacific Islander	53.8%	46.2%
Some other race	25.5%	74.5%
Population of two or more races	47.8%	52.2%
Hispanic or Latino	30.1%	69.9%

EXPIRING USE UNITS:

Number: 733

HOUSING STOCK BUILT BEFORE 1939

Percent: 35.3%

HOUSING STOCK BUILT BEFORE 1979

Percent: 90.4%

NUMBER OF RENTAL UNITS BY SUBSIDY TYPE, 1999

<i>Program</i>	<i>Number of units</i>
Rural Development	0
Section 236	112
Section 42	403
100% Section 8	213

Subsidized rental units/total number of units:

Percent: 56%

SPECIAL NEEDS POPULATIONS

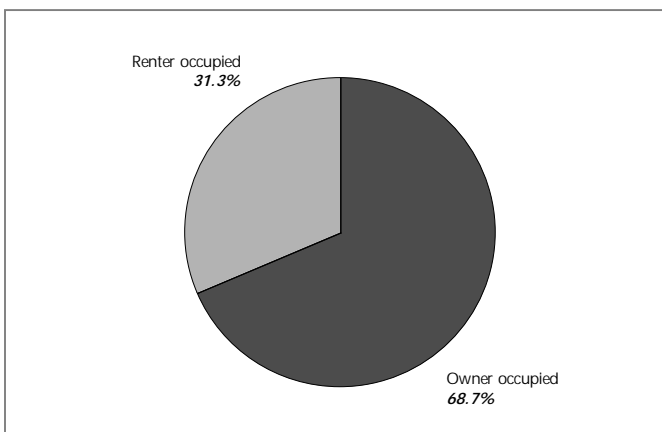
Number of AIDS cases: 82

Number of HIV cases: 31

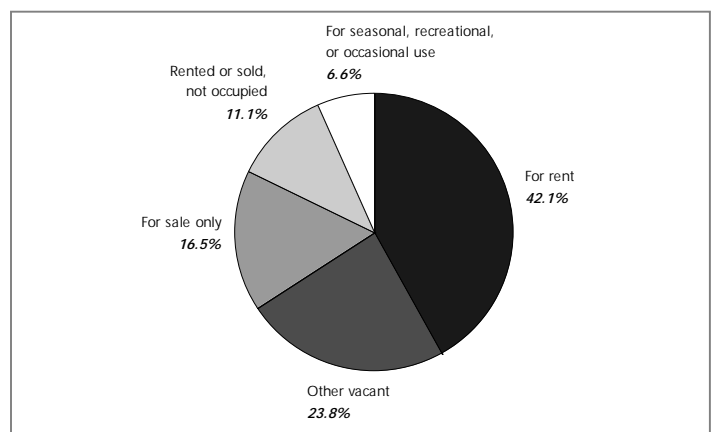
PERSONS WITH MOBILITY LIMITATIONS, 1990

	<i>Percent</i>
Ages 16 to 64	4.4%
Age 65 and over	12.7%
Age 75 +	28.6%
Total	7.1%

TENURE, 2000



VACANCY STATUS, 2000



See Data Sources page at the beginning of this section for data sources, definitions, and website links.

SECTION V.
Special Needs Populations

SECTION V.

Special Needs Populations

Introduction

This section discusses the housing and community development needs of special needs populations in Indiana, pursuant to Sections 91.305 and 91.315 of the State Government Consolidated Plan Regulations.

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulties finding and paying for adequate housing and often require enhanced community services. The groups discussed in this section include:

- The elderly;
- Persons experiencing homelessness;
- Persons with developmental disabilities;
- Persons with HIV/AIDS;
- Persons with physical disabilities;
- Persons with mental illnesses and/or substance abuse problems; and
- Migrant agricultural workers.

A list of data sources used in assessing the needs of these populations is provided at the end of this section.

Individuals with extremely low and very low incomes are also considered a special needs group by many policymakers and advocates. Because the needs of this group are given attention in other sections of this report, low income populations are not included here as a specific special needs group.

Summary

- There were 752,831 elderly persons living in 462,300 households in Indiana in 2000. The majority of elderly in the State own their homes and live somewhat independently. However, national estimates suggest that approximately 27,000 elderly residents in nonentitlement areas of Indiana live in housing that is in substandard condition. One-fourth of the elderly in the State are estimated to have a mobility or self care limitation. With the total elderly population projected to grow to 781,000 by 2005 and 844,000 by 2010, the likely trend is for the magnitude of these needs to increase.

- A recent study of persons experiencing homelessness in Indianapolis indicates that 12,500 to 15,000 people in the City experience homelessness during any one year. Applying these numbers to statewide population figures, it is estimated that nearly 100,000 Hoosiers experienced homelessness in 2001. The latest data from the Continuum of Care (2000) estimate the statewide population of persons experiencing homelessness at 88,000. An additional 437,097 households are cost burdened – i.e., their rent or mortgage payment constitutes more than 30 percent of their monthly income – placing them at risk of homelessness. These individuals may be forced to move in with friends or relatives or live in other temporary housing because of difficulties in finding housing of their own.
- According to a 2000 study conducted by the Association of Rehabilitation Facilities of Indiana, there are approximately 70,000 persons with developmental disabilities in Indiana. The trend in serving these individuals is to move away from institutional care toward small group homes and integrated community settings. Through objectives and goals established as a result of the recent Olmstead initiative, Indiana is making considerable progress toward the full community integration of persons with developmental disabilities.
- According to the most recent data on HIV/AIDS populations, between 1,884 and 3,140 people living with HIV/AIDS in Indiana need housing, but there are currently only 92 subsidized units in the State targeted to such individuals. An additional 123 persons receive long term rental assistance and 211 persons receive short term rental assistance through HOPWA. Persons with HIV/AIDS typically face a number of challenges in obtaining housing that meets their needs (e.g., requirements for health services).
- The total number of individuals with severe physical disabilities in the State is estimated at approximately 605,000. Approximately 363,000 people with physical disabilities in the State reside in nonentitlement areas. Although these individuals have access to various state and federal income and housing subsidy programs to support their housing needs, these programs may not be adequate, depending on individual needs.
- There are approximately 236,000 individuals with mental illnesses in Indiana, 68,000 of whom are low income and are the target of programs offered by the Division of Mental Health. The Division serves an additional 26,000 people at any one time with substance abuse problems. Funding of housing programs and other resources for these individuals is weighted toward cities, making it likely that persons with mental illnesses or substance abuse problems are more likely to face a housing shortage in the State's nonentitlement areas.
- The number of migrant agricultural workers in the State is estimated to be about 8,000. Although housing for these workers is historically provided by the growers, this housing is often overcrowded, with several families residing under one roof. Many of the existing housing units are of substandard quality and are not well maintained. The housing needs of migrant agricultural workers are hard to quantify due to the lack of data at the state level. However, national data indicate that the need for affordable quality housing is great.

The Elderly

Total population. According to 2000 U.S. Census data, there were 752,831 persons over the age of 65 living in Indiana in 2000, an 8.2 percent increase over the 1990 total of 695,945. The State's elderly population is expected to grow to over 781,000 people in 2005 and over 844,000 people in 2010, a 12.1 percent increase from 2000. The elderly make up 12.48 percent of the State's population currently; by 2010 this is expected to increase to 13.3 percent. Nationally, the elderly constituted 12.4 percent of the total population in 2000, but this share is projected to increase to 20 percent by 2030 as the baby boomers continue to age.

Housing the elderly. Elderly housing can best be described using a continuum of options, ranging from independent living situations to nursing homes with intensive medical and personal care support systems. Independent living is at one end of the continuum with little or no services provided, while skilled nursing care with comprehensive services is at the other end. The movement along the continuum is not always smooth and age is not always a factor in the level of care received. However, in most cases, the functional capabilities of an individual decline with age, which results in an increased need for services.

According to the Census 2000 Supplementary Survey (C2SS) data, 82.8 percent of senior households in Indiana owned their homes in 2000 and were presumably at or near the independent end of the continuum. This was higher than national statistics, which showed only 79 percent of older Americans owning their homes. For individuals 85 years and older, the national homeownership rate drops to about 67 percent (based on 1990 Census data; 2000 data are not yet available). This declining homeownership is indicative of both increasing needs for assisted living and the difficulty supporting the burden of homeownership as individuals age.

Among family households, the proportion of seniors owning their homes is higher, because the figures exclude seniors living alone and those residing in group quarters, such as nursing homes or assisted living facilities. Exhibit V-1 on the following page shows the tenure of seniors by family type.

Exhibit V-1.
Elderly Families by Tenure, Type and Age, March 2000

<i>Family Type and Tenure</i>	<i>65 to 74 Years</i>	<i>75 to 84 Years</i>	<i>85 Years and Over</i>
<i>Total Families</i>			
Owner Occupied	90.9%	90.6%	85.0%
Renter Occupied	9.1%	9.4%	15.0%
<i>Married Couple Families</i>			
Owner Occupied	93.2%	92.1%	85.3%
Renter Occupied	6.8%	7.9%	14.7%
<i>Male Householder, No Spouse Present</i>			
Owner Occupied	81.4%	85.3%	95.1%
Renter Occupied	18.6%	14.7%	4.9%
<i>Female Householder, No Spouse Present</i>			
Owner Occupied	78.2%	85.2%	81.8%
Renter Occupied	21.8%	14.8%	18.2%

Note: The data in this table do not include individuals in group quarters or persons living alone.

Source: U.S. Bureau of the Census, Current Population Survey, March 2000.

There is an increasing likelihood that seniors, particularly women, will live alone as they age. This is due in large part to the longer life expectancies of women. In 1990, 33 percent of the non-institutionalized elderly in Indiana lived alone, including 41 percent of older women and 15 percent of older men. Nationwide, 60 percent of women over the age of 85 were likely to live alone, compared to 30 percent of women between the ages of 65 and 74 and 50 percent of women between the ages of 75 and 84. Although men are also more likely to live alone as they age, fewer of them live alone than women: 17 percent between the ages of 65 and 74, 20 percent between 75 and 84 and 30 percent over the age of 85 lived alone, according to the 1990 Census.

The National Center for Health Statistics reported that just 4.2 percent of the older population in the United States lived in nursing homes in 1999. As would be expected, the prevalence of nursing home residency increases consistently with age. For example, only 1.1 percent of those aged 65 to 74 lived in nursing homes in 1999, while 4.2 percent among those aged 75 to 84 and 17.9 percent of those 85 and over lived in nursing homes.

In most communities, seniors prefer to stay in their own homes as long as they can. If they are nearby, family members can assist with basic care needs, which enables seniors to remain in their homes longer than they would otherwise. However, the heavier work demands placed on many individuals and increased transience of the population in general in recent years has made family assistance more challenging.

Outstanding need. Elderly individuals face a wide range of housing issues, including substandard housing, a need for modifications due to physical disabilities and a lack of affordable housing.

HUD's 1999 Elderly Housing Report provides the latest national data available on seniors living in housing in need of repair or rehabilitation. HUD reports that in 1999, 6 percent of seniors nationwide lived in housing that needed repair or rehabilitation. Applying this estimate to Indiana, it can be said that approximately 27,000 elderly residents of nonentitlement areas in Indiana were likely to live in substandard housing in 2000.

Many seniors also live in homes that need modifications to better serve their physical disabilities or other mobility limitations. In 1990, 15 percent of non-institutionalized elderly persons in Indiana (or 97,572 people) reported that they had difficulties with mobility and 11 percent (71,553) reported a self-care limitation (e.g., bathing, dressing, taking medication).

Compounding the needs some seniors face for repair or improvements are the low and/or fixed incomes they have available to make those changes. The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is poor. The elderly poverty rate in Indiana, those over the age of 65 whose total income was less than the threshold, was 8.5 percent in 2000. Of the 59,883 elderly in poverty as of the 2000 Census, 45 percent were women aged 75 and over. In 1999, over 140,000 elderly households had incomes of less than \$15,000 and an additional 101,000 had incomes ranging from \$15,000 to \$24,999. Exhibit V-2 illustrates the historical and estimated income distribution of elderly households in Indiana in 1990 and 1999.

Exhibit V-2.
Income Distribution of the State's Elderly

<i>Households by Income</i>	<i>1990</i>		<i>1999</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Householders 65 to 74 yrs	259,297		261,544	
Less than \$5,000	16,160	6%	14,860	6%
\$5,000 to \$9,999	39,200	15%	24,603	9%
\$10,000 to \$14,999	37,549	14%	23,958	9%
\$15,000 to \$24,999	65,650	25%	55,608	21%
\$25,000 to \$34,999	40,869	16%	33,768	13%
\$35,000 to \$49,999	32,227	12%	42,170	16%
\$50,000 to \$74,999	18,785	7%	39,945	15%
\$75,000 to \$99,999	4,755	2%	14,747	6%
\$100,000 and over	4,102	2%	11,885	5%
Householders 75 yrs & over	190,988		232,460	
Less than \$5,000	17,763	9%	18,461	8%
\$5,000 to \$9,999	47,764	25%	33,527	14%
\$10,000 to \$14,999	32,507	17%	25,052	11%
\$15,000 to \$24,999	40,761	21%	45,888	20%
\$25,000 to \$34,999	21,854	11%	26,422	11%
\$35,000 to \$49,999	16,116	8%	32,096	14%
\$50,000 to \$74,999	9,729	5%	30,784	13%
\$75,000 to \$99,999	2,389	1%	11,551	5%
\$100,000 and over	2,105	1%	8,679	4%

Note: All income levels are adjusted for inflation.

Source: PCensus and Applied Geographic Solutions.

Since most elderly have passed their peak earning years, wealth is also an important indicator of economic well being for this population. In 1995, the national median net wealth of elderly homeowners was \$141,300, while the median for elderly renters was only \$6,460. This suggests that the wealth of the elderly is in the homes they own.

An additional burden faced by elderly households is that nearly 20 percent had no vehicle available to them in 1990. Lack of access to a vehicle could severely limit access to health care and other services, unless adequate public transit is in place to serve the elderly.

Resources. Much of the senior housing in the State is privately provided. According to the most recent HUD report of U.S. Housing Market Conditions, the market for senior housing in Indiana is very strong. The American Seniors Housing Association's 2000 Construction Survey ranked Indiana in the Top 10 for construction of senior housing.

Given the variety of housing options available to serve the elderly, and the fact that much of this housing is privately produced, it is difficult to assess the sufficiency of housing for the State's elderly households without undertaking a comprehensive market analysis. However, the same housing problems that exist for the elderly nationwide are also prevalent in Indiana. The most pressing issues for middle and high income elderly in the U.S. are finding facilities located in areas they prefer with access to public transit and other needed community services. For low income elderly, the most difficult issue is finding affordable housing with an adequate level of care.

Numerous federal programs, although not targeted specifically to the elderly, can be used to produce or subsidize affordable elderly housing. These include CDBG, HOME, Section 8, Low Income Housing Tax Credits, mortgage revenue bonds and credit certificates and public housing. There are also several federal programs targeted specifically at the elderly. Although many of these programs are meant to serve a great need in the U.S. – housing the low income elderly – they often fall short in providing adequate care and other needed services. A description of the programs widely available to the elderly in the State, along with the utilization of the programs, follows.

Section 202 housing. Section 202 is a federal program that subsidizes the development of affordable housing units specifically for elderly. The program might also provide rental subsidies for housing developments to help make them affordable to their tenants. The developments often provide supportive services such as meals, transportation and accommodations for physical disabilities. The units are targeted to very low income elderly and the disabled. The Section 202 program has supported over 350,000 units nationwide since 1959. Two of the more recent Section 202 developments in Indiana include a 60 unit independent living facility in Muncie and a 23 unit independent living facility in Marion.

Equity conversion. The Home Equity Conversion Mortgage Program (HECM) supports repair and rehabilitation of housing and the ongoing needs of individuals by allowing elderly homeowners to recapture some of the equity they have in their homes through reverse mortgage programs. Individuals who own their homes free and clear, or have very low outstanding balances on their mortgages, are eligible for the program as long as they live in their homes. According to the most recent HUD data, as of September 30, 1996, over 16,000 HECM loans have been made nationwide. The five states where the program has been used the most include California, New York, Illinois,

Colorado and New Jersey. A 1995 HUD evaluation of the program found that 6 out of 10 loans were made to females living alone, 3 in 4 borrowers had no children, and the median income of borrowers was well below that of all elderly homeowners.

There are 35 entities in the State of Indiana that were HUD approved mortgage counselors for the HECM program and six HUD approved lenders. The counseling agencies have offices throughout the State and are generally accessible to most citizens. The lenders are primarily located in Indianapolis, Carmel, Granger and Munster, which could limit access to the program for some elderly individuals.

Rural home improvement. The United States Department of Agriculture, through its Rural Housing Service, offers loans of up to \$20,000 with very favorable repayment terms (currently one percent with a 20 year term) to very low income rural residents with housing repair needs. Grants up to \$7,500 are also available for very low income rural residents who are 62 years and older and do not have sufficient funds to repay the rehabilitation loans offered.

Medicaid. Another important federal support for elderly housing is the Medicaid program. Typically, Medicaid is used to pay for room and board in nursing homes or other institutional settings. States can seek approval from the Health Care Financing Administration (HCFA) to allow Medicaid to be applied to in-home services and services (but not rents) of assisted living facilities. Currently in Indiana, Medicaid can be used for in-home services for the elderly and disabled in cases where without the services, an individual would need to be institutionalized. Medicaid waivers can also be used to pay for “environmental modifications” to the homes of elderly or disabled individuals. The State has recently received approval from HCFA to be able to use Medicaid for assisted living services and is currently in the process of certifying providers and preparing to start services for eligible individuals. For FY 2002, 350 slots have been allotted.

When Medicaid is used for these services, states are required to supplement a portion of the costs. Many states, therefore, limit the number of recipients eligible for services through Medicaid waivers. In Indiana, no more than 3,300 elderly or disabled individuals can be enrolled in the Medicaid waiver program. According to the Family and Social Services Administration (FSSA), the entity that manages the program, there is currently a waiting list of 3,000 to receive the services, and there is a definite need for more waiver slots. (In July 2002, FSSA hopes to expand capacity by 700 slots.)

Individuals apply for a Medicaid waiver through their local Area Agency on Aging offices, Vocational Rehabilitation offices, Bureau of Developmental Disabilities Services field offices, and/or Division of Family and Children offices. The lifetime cap for use of Medicaid waivers is currently \$10,000 for disabled individuals and the elderly.

CHOICE. The State of Indiana offers a home health care program (Community and Home Options to Institutional Care for the Elderly and Disabled, or CHOICE) that provides a variety of services to the elderly, including minor home modifications. The goal of the program is to enable the elderly and persons with disabilities to live independently. Similar to the Medicaid waivers, individuals apply for the program through Area Agencies on Aging. (In fact, the State has combined funding from the various state and federal programs that fund services for the elderly and disabled into a bundled program that provides “one stop shopping” for the elderly and disabled). There is currently a \$5,000 lifetime limit for Medicaid funding of CHOICE services for the elderly.

In fiscal year 2000, 12,338 Indiana residents benefited from the CHOICE program. The original projections of use of the CHOICE program were far exceeded. Between 1995 and 2000, the number directly served by CHOICE increased by nearly 30 percent per year. There are currently about 7,500 people on the waiting list to receive CHOICE services.

A 2000 analysis of CHOICE beneficiaries found that nearly three-fourths of those served were elderly and one-fourth were persons with disabilities. Individuals 85 and over accounted for 28 percent of all CHOICE beneficiaries. Most CHOICE recipients lived alone and had incomes of less than \$10,000 per year.

Home modifications. Funding for home modification projects is available to owner occupied households through IHFA's Housing from Shelters to Homeownership program, which uses HOME and CDBG. In addition, the Governor's Planning Council for People with Disabilities (GPCPD) recently received a grant from IHFA to conduct research on home modifications. It is the intent of this research to provide accurate data to public policy planners and advocates regarding the scope, character and status of public and private home modification services and programs in Indiana. GPCPD will subcontract with Indiana University, the Indiana Institute on Disability and Community to conduct the research.

Persons Experiencing Homelessness

Definition. The Stewart B. McKinney Homelessness Act defines a person experiencing homelessness as "one who lacks a fixed permanent nighttime residence or whose nighttime residence is a temporary shelter, welfare hotel or any public or private place not designated as sleeping accommodations for human beings." It is important to note that this definition includes those who move in with friends or relatives on a temporary basis as well as the more visible homeless in shelters or on the streets.

HUD's definition of homelessness is slightly more comprehensive. In addition to defining individual and families sleeping in areas "not meant for human habitation," the definition includes persons who:

- "Are living in transitional or supportive housing for homeless persons but originally came from streets or emergency shelters;
- Ordinarily sleep in transitional or supportive housing for homeless persons but are spending a short time (30 consecutive days or less) in a hospital or other institution;
- Are being evicted within a week from private dwelling units and no subsequent residences have been identified and they lack resources and supportive networks needed to obtain access to housing; or
- Are being discharged within a week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing."

This definition demonstrates the diversity of people experiencing homelessness. The numerous locations in which people experiencing homelessness can be found complicates efforts to estimate an accurate number of the population.

Total population. Estimating the total population of persons experiencing homelessness on a nationwide, statewide or even local level, is challenging because of the various types of homelessness and difficulties in locating the population. For example, an individual living with friends on a temporary basis can be considered homeless but would be unlikely to be identified in a homeless count.

The most recent and comprehensive count of persons experiencing homelessness anywhere in the State was conducted in Indianapolis during 2000 by the Coalition for Homelessness Intervention and Prevention (CHIP). The survey found that an estimated 12,500 to 15,000 people in Indianapolis experience homelessness during one year. If this incidence of homelessness is applied statewide, it can be estimated that approximately 100,000 Hoosiers have experienced homelessness over the period of one year. The 2000 State Continuum of Care application estimated a total of 88,000 persons experiencing homelessness in the State. This number is lower because it is a point in time count, which differs from the “over the year” estimate from the CHIP survey. The Continuum estimated a need for 29,030 beds or units for persons experiencing homelessness in Indiana, which exceeds the current supply by nearly 22,000.

Another way to estimate the number of persons experiencing homelessness is by using counts of the number of persons experiencing homelessness served by state and local assistance. The Family and Social Services Agency (FSSA) reported serving an unduplicated count of 20,170 persons experiencing homelessness during FY 1998-99. All of these estimates far exceed the U.S. Bureau of the Census’ 1990 shelter and street night (“S-night”) count of 2,251 persons experiencing homelessness in emergency shelters and 268 visible in street locations in all major cities in Indiana.

Bruce Link, a psychiatric epidemiologist at Columbia, has estimated that 5.2 percent of the total U.S. population (13.5 million people) has spent time in shelters, abandoned buildings, depots or on the streets and another 4.8 percent (12.5 million) has lived with relatives or friends. His methodology uses a combination of street counts and surveys (both in person and telephone) to access the percentage of the population that has ever experienced homelessness. Exhibit V-3 illustrates the results of applying those estimates to Indiana’s population

Exhibit V-3.
Estimated Incidence of
Homelessness, 2001

Source:
BBC estimate using results of study by Dr.
Bruce Link.

<i>Area</i>	<i>Homeless in the Past (5.2 percent)</i>	<i>Lived with Friends or Relatives (4.8 percent)</i>
Indiana	316,185	291,863
Non-Entitlement Communities	189,711	175,118

When assessing the extent of homelessness in nonentitlement areas, it is important to note the degree to which it may be hidden. That is, in areas where there are limited social service providers, it might be more common for those at risk of experiencing homelessness to move in with friends and relatives rather than to seek local services or housing at a shelter. Furthermore, when individuals have exhausted all other alternatives, they are likely to move to larger cities with institutional supports such as homeless shelters and soup kitchens. This progression makes it difficult to detect the extent of homelessness in nonentitlement areas.

The study conducted by CHIP further illustrates this point. It found that only 2 percent of the general population said they would go to a shelter or the street if they lost their home, which implies that 98 percent of people considered homeless by definition are not in shelters or on the street. The study also indicated that over 110,000 Indianapolis residents, or about 7 percent of the population, were temporarily homeless and relying on relatives for housing in the past year. If this figure is applied to statewide population statistics, approximately 400,000 Indiana residents defined as homeless were staying with friends or relatives at one point over the year. These people are considered to be the hidden homeless.

Characteristics of persons experiencing homelessness. While the only consistent characteristic of persons experiencing homelessness is the lack of a permanent place to sleep, there are a number of sub-groups that are typically part of the homeless population. These include the following:

- ***HIV/AIDS.*** National estimates place the proportion of persons experiencing homelessness who are HIV positive at 15 percent. Other estimates place the total at between 1 and 7 percent. Providers of HIV/AIDS services in Indiana believe the actual count is closer to the national figure.
- ***Substance abuse.*** A recent HUD report found that 38 percent of individuals experiencing homelessness who contact shelters, food pantries or other assistance providers have an alcohol dependence, 26 percent have a drug dependence and 7 percent have both. Applying these percentages to the estimate of the 100,000 persons experiencing homelessness in the State during any one year results in a total of approximately 71,000 individuals experiencing homelessness who also have substance dependencies.
- ***Mentally ill.*** CHIP's Indianapolis study indicated that approximately 30 percent of the single adult homeless population suffers from some form of severe and persistent mental illness. Using the above estimate of 100,000 persons experiencing homelessness in Indiana over the course of a year, this would indicate that approximately 30,000 of those individuals have a mental illness.

At risk of experiencing homelessness. In addition to those who have experienced homelessness in the past or who show up on a point in time estimate of current homelessness, it is important for policymakers to know the size of the population that is at risk of future homelessness. In general, the population at risk of experiencing homelessness includes persons who are temporarily living with friends or relatives (also called hidden homeless) and individuals at risk of losing their housing (usually very low income).

The Indianapolis study of persons experiencing homelessness conducted by CHIP found that 69,000 Indianapolis residents reported that they were in danger of becoming homeless in the past year. Applying this number to statewide population data, it is estimated that over 550,000 (or about 9 percent) Indiana residents may have been in danger of experiencing homelessness in the past year. The Bruce Link estimate of 4.8 percent of the U.S. population who have lived with friends or relatives suggests that about 300,000 persons in Indiana have been at risk of experiencing homelessness at some point in time. The share of the population that has very low income or is severely cost burdened (e.g., paying more than 56 percent of income in housing costs) is also useful in estimating the number of persons at risk of experiencing homelessness. In 1999, 14.6 percent of Indiana residents (532,650 in nonentitlement areas) earned less than \$15,000 per year. The Census 2000 Supplementary Survey estimates that 437,097 households in Indiana were cost burdened (rent or mortgage payment constitutes more than 30 percent of monthly income) in 2000.

An important factor in considering the number of households at risk for homelessness is that approximately 33,000 Section 8 units in Indiana are at risk of expiring and converting to market rate rents (see Section IV for details about expiring use units). According to the most recent national statistics, almost 10 percent of owners of expiring units have opted out, indicating that the State could likely lose up to 3,300 units of affordable housing. This does not mean that residents of expired units will completely lose access to subsidized housing. The residents of those units that are no longer available will receive vouchers to obtain another unit. Although vouchers have some advantages in that they allow recipients to move into areas of less concentrated poverty, mismatches between the amount of subsidy provided through vouchers do not guarantee adequate housing if the supply of units that accept vouchers is lacking. In many cases in Indiana, the subsidized rents of expiring use properties have been higher than local market rents. Although the outcomes of the expiring use conversions are property specific, conversions may provide tenants with opportunities for lower rents or units that better meet their needs.

Outstanding need. The 2001 Continuum of Care application estimated a need for a total of 3,717 beds or units for individuals and 4,180 beds or units for persons in families with children who are experiencing homelessness. State shelters support a total of 1,934 beds/units for individuals and 2,397 for persons in families with children. As seen in Exhibit V-4 on the following page (which is also HUD table 1A), this total still leaves unmet needs for all types of housing, totaling 1,803 beds or units needed for individuals and 1,883 beds or units for persons in families with children.

Exhibit V-4.
Outstanding Needs, Housing for Persons Experiencing Homelessness

<i>Individuals</i>					
<i>Category</i>	<i>Service/Population</i>	<i>Estimated Need</i>	<i>Current Inventory</i>	<i>Unmet Need/Gap</i>	<i>Relative Priority</i>
Beds/units	Emergency shelter	1,131	570	571	M
	Transitional housing	1,076	500	586	H
	Permanent supportive housing	1,510	864	651	H
	Total	3,717	1,934	1,808	
Supportive service slots	Job training	2,223	1,192	1,031	H
	Case management	5,046	3,046	1,854	L
	Substance abuse treatment	1,575	895	680	M
	Mental health care	2,009	1,326	672	M
	Housing placement	2,365	1,135	1,242	M
	Life skills training	3,669	2,093	1,484	L
	Other	987	519	468	L
	Other	35	12	23	L
Sub-populations	Chronic substance abuse	1,256	568	687	M
	Seriously mentally ill	1,132	678	455	H
	Dually-diagnosed	1,359	516	845	H
	Veterans	475	214	261	H
	Persons with HIV/AIDS	303	101	202	H
	Victims of domestic abuse	764	417	349	M
	Youth	201	156	88	L
	Other	436	213	223	M
<i>Persons in Families with Children</i>					
<i>Category</i>	<i>Service/Population</i>	<i>Estimated Need</i>	<i>Current Inventory</i>	<i>Unmet Need/Gap</i>	<i>Relative Priority</i>
Beds/units	Emergency shelter	800	364	453	H
	Transitional Housing	1,121	636	515	H
	Permanent supportive housing	2,259	1,397	912	M
	Total	4,180	2,397	1,880	
Supportive service slots	Job training	1,707	983	723	M
	Case management	3,440	1,970	1,513	H
	Child care	3,750	2,519	1,258	L
	Substance abuse treatment	843	532	320	L
	Mental health care	781	519	262	L
	Housing placement	2,471	1,030	1,466	H
	Life skills training	2,971	1,642	1,354	H
	Other	381	233	148	L
	Other	64	28	36	M
Sub-populations	Chronic substance abuse	763	448	321	M
	Seriously mentally ill	758	479	279	M
	Dually-diagnosed	896	364	534	H
	Veterans	84	96	43	L
	Persons with HIV/AIDS	157	30	71	M
	Victims of domestic abuse	1,217	667	564	H
	Youth	90	17	73	M
	Other				

Source: 2001 Continuum of Care Application.

Of the unmet needs illustrated above, the Continuum of Care highlights transitional housing as the highest priority. This is followed by permanent housing and emergency shelter beds. For supportive services, housing placement services were identified as the greatest need.

The State's Continuum of Care notes that, despite outstanding needs, many small communities do not even apply for RFPs or NOFAs because they reportedly find the process somewhat intimidating. This suggests that enhancement of supportive, capacity building services should accompany direct housing funding in strategies to improve the services the State delivers to persons experiencing homelessness.

The exhibit on the following page summarizes the needs of persons experiencing homelessness by subpopulation, for the State's nonentitlement areas.

Resources. Indiana's strategy for meeting the needs of persons experiencing homelessness includes outreach/intake/assessment, emergency shelters, transitional housing, permanent housing and supportive services. The State employs a number of resources to support this strategy, including state agencies, regional planning commissions, county welfare planning councils, local continuum of care task forces, county step ahead councils, municipal governments and others.

The Indiana Housing and Homeless Coalition (ICHHI) has been working on behalf of the State through the Indiana Housing Finance Authority to strengthen the State's continuum of care system. Although the State fulfills the elements of the continuum at some level, gaps exist in the system. These gaps vary among regions. Some areas of the State have had continuum of care networks in place for some time and, as a result, have well coordinated referral and service provider systems. Other areas might have one or two service providers operating independently and serving a large area of need.

Continuum of Care. One of the top-level goals of the 2000 five-year Consolidated Plan was to address the State's Continuum of Care. The Continuum of Care is evolving from an informal network of continuums (some better organized than others) into a formalized, coordinated statewide care network. The State has been working to develop the Continuum into an organized network with defined regions where funding can be concentrated to meet each region's greatest needs. This task, as well as implementation of the Homeless Management Statewide Information System, will be carried out by the newly re-created Interagency Council for the Homeless. The ultimate goal of the regional continuum of care will be for the regional continuums to plan, identify needs, propose solutions, and apply for funding as an organized network of providers. This should lead to a more efficient and stronger continuum of care system throughout the State.

The State Consolidated Plan Coordinating Committee formed a Continuum of Care Subcommittee in 2000, largely to address the gaps in the State's continuum of care system. In 2002, ICHHI held two workshops about the Continuum of Care. The first workshop was dedicated to the organizational aspects of developing the regional continuums. The second workshop discussed the Homeless Management Information software that will soon be required by HUD for Continuum of Care funding.

For the past several years, ICHHI, on behalf of the State through the Indiana Housing Finance Authority, has applied for HUD funding for continuum of care projects. In 2001, the State was awarded about \$5.5 million for continuum of care projects, including transitional housing, domestic violence shelters, and housing for special needs populations. In addition to the Continuum of Care funding, IHFA has a goal of dedicating \$3 million annually for the development, construction, and/or rehabilitation of emergency shelters, transitional housing and youth shelters. IHFA also

administers HOPWA funds, which are allocated each year based on regional needs. A large percentage of HOPWA funds generally go toward transitional housing programs and shelters. IDOC provides planning grants and infrastructure funds to homeless assistance providers.

Emergency Shelter Grant. FSSA administers the Emergency Shelter Grant (ESG) program, which funds emergency shelter and transitional services in shelters throughout the State. During the 2001 program year, the State of Indiana received an Emergency Shelter Grant of \$1.743 million to use for homeless shelter support, services and operations, homeless prevention activities and limited administrative costs. In 2002, this grant amount was increased to \$1.747 million.

As in past years, the State chose to allocate this funding to three primary activities: essential services, operations, and homeless prevention activities. These types of activities are described below.

- ***Essential services.*** Essential services consist of supportive services provided by shelters for persons experiencing homelessness. These services vary, as they are tailored to client needs. In general, essential services consist of the following: employment services (job placement, job training and employment counseling), health care services (medical and psychological counseling, nutrition counseling and substance abuse treatment) and other services (assistance in locating permanent housing and income assistance, child care and transportation). Approximately \$344,000 of the FY2001 grant was allocated to essential services.
- ***Shelter operations.*** Funds allocated to shelter operations are used by shelters for operating and maintenance costs, shelter lease costs, capital expenses, payment of utilities, purchases of equipment and furnishings, provision of security, and purchase of food. Approximately \$1.2 million of the FY2001 grant was allocated to essential services.
- ***Homeless prevention.*** The State believes in taking a proactive approach to the problem of homelessness. Once a person becomes homeless, it can be very difficult to move them back into permanent housing. The State assisted those at risk of experiencing homelessness through short term rental and mortgage subsidies to prevent evictions or foreclosures, payment of apartment security deposits, mediation of landlord/tenant disputes and provision of legal services for tenants in eviction proceedings. Approximately \$182,000 of the FY2001 grant was allocated to essential services.

Persons with Developmental Disabilities

Definition. According to the Indiana Bureau of Developmental Disabilities, three conditions govern whether a person is considered to have a developmental disability:

- Three substantial limitations out of the following categories: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living and economic self-sufficiency;
- Onset of these conditions prior to the age of 22; and
- A condition that is likely to continue indefinitely.

Total population. The Association of Rehabilitation Facilities of Indiana's 2000 Assessment of Developmental Disabilities Services estimates that 70,787 people in Indiana, or 1.2 percent of the State's population had a developmental disability in 2000. In 1995 the Governor's Council for People with Disabilities estimated the number to be .8 percent of the population, or about 48,000. Based on the 1.2 percent assumption, the total number of people in Indiana that have developmental

disabilities is projected to grow to 74,055 in 2005. Approximately 65 percent of the 70,787 people with developmental disabilities had some degree of mental retardation, 9 percent had cerebral palsy, 17 percent had epilepsy and 10 percent had other physical and mental disabilities including autism.

Outstanding need. There are a number of methods of estimating the outstanding need for services for people with developmental disabilities in Indiana. Conservative estimates place the number of adults in need of services at 50 percent of the entire population with developmental disabilities. This estimate suggests that of the greater than 70,000 individuals with developmental disabilities in Indiana, more than 35,000 need services. According to the Governor's Planning Council on People with Disabilities, 11,130 individuals are currently receiving services, suggesting that approximately 24,000 of those who were estimated to need services are not receiving them.

A more conservative estimate can be reached by examining the waiting lists for various types of services. As of August 2001, 6,298 Indiana residents with developmental disabilities were awaiting services (either day or residential programs). A 1997 report by ARC/United States showed that 2,067 persons in Indiana awaited residential programs. (There was no report on the number of persons awaiting day programs).

A critical need for people moving out of institutions is finding an alternative place to live. In 2000, 112 persons with developmental disabilities were discharged from state hospitals and institutions. These individuals likely faced housing needs upon discharge. Section 8 tenant-based vouchers remain the primary mainstream resource available for housing people with disabilities and will likely continue to be a critical source of housing subsidies.

In many communities, the rent burden for people with disabilities moving from institutional settings would be more than 50 percent of their monthly SSI benefit. Data from the recent study *Priced Out in 2000* indicate that persons with disabilities receiving SSI income support lost "buying power" in the nationwide rental housing market over the past two years. In Indiana, the monthly SSI benefit of \$545 represents 17 percent of statewide one-person median income. A person with disabilities receiving SSI income support in Indiana would have to pay 112 percent of this monthly benefit to be able to rent a modestly priced one-bedroom unit.

When considering future need it is important to note that the families and caregivers of persons with developmental disabilities are aging. Approximately 30 percent are 60 years and older and 40 percent are 40 years and older. As these primary caregivers become less able to care for their family members with developmental disabilities, alternative housing options will be needed. This could cause the needs for housing and other community resources to increase significantly in the next 10 to 15 years.

Resources. There are a wide variety of housing options for persons with developmental disabilities in Indiana. These range from highly structured, institutionalized care to living in a community with various supportive services.

The trend away from large institutional settings for those with developmental disabilities is evident in the recent closures of such facilities as New Castle Developmental Center and Northern Indiana State Developmental Center. The State currently has two large developmental disability centers (Ft. Wayne and Muscatatuck) and three specialized hospital units (Madison, Logansport and Evansville) to serve persons with developmental disabilities. An additional ten large non-state institutions that house persons with developmental disabilities are located throughout Indiana.

As the State has shifted away from institutional settings for people with developmental disabilities, the number of individuals served in smaller settings of six or fewer people (group homes, supervised apartments and supported living settings) has increased. In 2000, 4,332 of the total 8,718 persons served resided in settings of six or fewer persons, which represents a 51 percent increase from 1995.

Exhibit V-6 shows the number of facilities and residents in state-owned and non-state facilities, by size of facility for 2000.

Exhibit V-6.
Facilities and Residents in State and Non-state Facilities, 2000

	Number of Facilities			Number of Residents		
	State	Non-State	Total	State	Non-State	Total
1 - 6 People	-	197	197	-	1,037	1,037
7 - 15 People	-	351	351	-	2,754	2,754
16 + People	6	10	16	797	835	1,632
Overall	6	558	564	797	4,626	5,423

Source: Residential Services for Persons with Developmental Disabilities, Status and Trends Through 2000, Research and Training Center on Community Living, Institute on Community Integration/UAP.

As shown in Exhibit V-7 below, the largest number of persons served in 2000 resided in congregate care facilities (5,423), followed by those living in their own homes or apartments (1,447), and those living with host families or in foster homes (490).

Exhibit V-7.
Residents by Type of Facility, 2000

	Residents
Congregate Care	5,423
Host Family/Foster Home	490
Homes Owned/Leased by Persons with MR/DD	1,447
Subtotal	7,360
Persons with MR/DD Receiving Services While Living With Family Member	2,116
Total Services Recipients in Family Homes and Residential Settings	9,476

Source: Residential Services for Persons with Developmental Disabilities, Status and Trends Through 2000, Research and Training Center on Community Living, Institute on Community Integration/UAP.

The types of support available to individuals with developmental disabilities in Indiana include the following:

- Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) are large facilities or small group homes that provide intensive support services. A subset of these are Supervised Group Living (SGL) arrangements that provide 24 hour supervision overseen by paid staff in a home-like setting, which is often a single family dwelling.
- Nursing facilities are long term health care facilities providing in-patient care and nursing services, restoration and rehabilitative care and assistance meeting daily living needs. Nursing facilities in Indiana served 1,933 individuals with mental retardation and related conditions in 2000.
- Through the State's Division of Disability Aging and Rehabilitation Services (DDARS), the Bureau of Developmental Disabilities Services (BDDS) administers several programs that assist individuals with developmental disabilities and their families, including:
 - Supported Group Living, which consists of homes with four to eight individuals residing in a group home. In 2001, 3,791 Indiana residents with developmental disabilities resided in SGL homes.
 - Supported Living, which consists of one to four individuals residing in a house or apartment with individualized supports. The former Semi-Independent Living Program (SILP), the Alternative Family Program (AF) and family support/respite services are now administered by BDDS through Supported Living. In 2001, 4,288 individuals benefited from Supported Living services and Medicaid waivers.
- SSI, a federal income support program available to persons who have disabilities and limited income and resources. The program provided up to \$545 per month for eligible single people in 2001.
- Community and Home Options to Institutional Care for the Elderly and Disabled is a state funded program that supports the elderly and persons with disabilities. It can cover financial assistance for home modifications and various in-home supports (e.g., personal attendant care). The goal of the program is to enable the elderly and disabled to live as independently as possible. CHOICE dollars are all State funds, and CHOICE may fund up to \$15,000 per person for home modifications. The original projections for the use of the CHOICE program were far exceeded. Between 1995 and 2000, the number directly served by CHOICE increased by nearly 30 percent per year. There is currently a waiting list for the services. A 2000 analysis of CHOICE beneficiaries found that more than 15 percent of individuals in the program were persons with disabilities.

- The Home and Community Based Services (HCBS) program makes Medicaid waivers available for community support services in non-institutional environments. They cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications. In 2000, 2,069 Hoosiers with developmental disabilities were helped through the HCBS program.
- The U.S. Department of Housing and Urban Development's Section 811 program provides grants to nonprofit organizations to develop or rehabilitate rental housing. Nonprofit developers of such housing are granted interest free capital advances and rental assistance. The goal of the program is to increase the supply of rental housing with supportive services for people with disabilities, allowing them to live independently. The target population of the Section 811 program is very low income individuals with physical or developmental disabilities who are between the ages of 18 and 62.
- CDBG, HOME, and tax credit funds can also be used to support the development of new housing, the construction of group homes, and provide rental assistance for people with developmental disabilities.
- The HomeChoice Program, offered by Fannie Mae and administered by housing finance authorities (including IHFA), offers conventional mortgage loan underwriting tailored to meet the needs of people with disabilities.

The Olmstead initiative. Before ending its term in 2000, the Clinton Administration announced three new initiatives aimed at providing people with disabilities more opportunities for home and community based care. The initiatives involve:

- Dedicating \$19.5 million to a pilot program that will provide housing and support systems (e.g., Section 8 vouchers) to move individuals with disabilities from institutions into community care settings. The program will hopefully encourage other public and private entities to dedicate more resources to the effort;
- Promoting homeownership through issuance of 10,000 FHA-approved mortgages with more flexible underwriting criteria to people with disabilities; and
- Allowing "income disregards" in certain programs, which enables persons with disabilities to increase their incomes for a period of time without having to pay more for housing.

The catalyst for the initiatives was the recent U.S. Supreme Court ruling (*Olmstead v. L.C.*), which involved two women with disabilities who sought services in the community rather than being institutionalized at a psychiatric unit. The Court ruled that under the Americans with Disabilities Act, states are required to support individuals with disabilities in community settings rather than in institutions when it has been determined that community settings are appropriate and can be reasonably accommodated.

As a result of the ruling, Indiana is currently in the process of reevaluating its approach to housing individuals with disabilities. Through testimony recorded at public meetings, information solicited through interviews and focus groups and analysis of Indiana's current efforts, six major policy directions and subsequent policy initiatives that will advance the development of community-based services have been identified:

Emphasize consumer choice by enabling individuals to receive the types of services they desire in the locations they prefer. Consumers should have the ability to live and work in the locations they prefer, with appropriate supports and services to enable them to do so. Funding should follow the consumer, not the provider, and should be adequate to meet the needs of all who qualify. Use of individual budgets should be maximized to ensure that funding is channeled in ways most responsive to consumer needs. Initiatives taken to assist the State in meeting this policy objective are as follows:

- Small pilot programs for consumer-directed personal assistance services have been established under the CHOICE program.
- Where feasible under Health Care Financing Administration (HCFA) regulations, experience and expertise in providing home care options through more flexible mechanisms which have proved successful in the CHOICE program should be used as a model for the waiver program. HCFA guidelines are currently being reviewed for the feasibility of increasing flexibility using this model.
- The State has submitted to HCFA requests for Medicaid waivers for Assisted Living and for Adult Foster Care. Also, subject to HCFA approval, changes are being incorporated into the Developmental Disabilities (formerly the ICF/MR) waiver to allow for greater flexibility.
- Additional levels of adult day care service will be made available in 2002 for three levels of functional disability rather than the current single level. Extended hours at adult day care providers should also be available, in order to allow families to coordinate arrival and departure prior to and after work hours.
- The Medicaid budget appropriation was approved for 440 additional people to receive the Developmental Disabilities waiver in Fiscal Year 2002 and for 372 additional people to receive the waiver slots in Fiscal Year 2003.
- FSSA is working with the Indiana Department of Education (DOE) and the Indiana State Department of Health (ISDH) to look at the current system of providing services for children with developmental disabilities and to make improvements to the system.
- Consideration is being given by the State to expanding the targeted case management services for children with a serious emotional disturbance to include private providers, in addition to the community mental health centers that are included now.
- House Enrolled Act (HEA) 1950, approved in 2001, provides for implementation of the Medicaid Buy-In Program for People with Disabilities. The goal is to bring adults with disabilities into gainful employment at a rate that is as close as possible to that of the general adult population and to support the goals of equality, opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. The bill established a Medicaid Work Incentives Council (MWIC), with appointments to the council to be made by the Governor.

- Plans are being developed to move people now in group homes onto the Developmental Disabilities waiver and recertify existing group homes for more intensive care. This would provide an opportunity for individuals living in large, congregate settings to move into neighborhoods and to participate in community activities. It would also provide individuals currently living in communities, who need more direction and supervision, an opportunity to receive the appropriate amount of support without being placed in a large, congregate setting.
- FSSA is currently exploring the feasibility of a proposed effort (the ALPHA Project) to implement a pilot integrated service delivery system in one county for adults with mental illness and developmental disabilities.
- Establish a Technical Assistance Center to train potential Assertive Community Treatment (ACT) providers. ACT involves intensive case management among individuals with mental illness or developmental disabilities who are also homeless, or are in the criminal justice system.
- A Southeast Regional Service Center has been established from resources at the Muscatatuck State Developmental Center and Madison State Hospital. The State will determine populations that are going to be served by the Southeast Regional Service Center by October 2001 and develop a plan for Central Indiana Regional Service Center. It would provide an opportunity for people currently living in group homes to move into their own homes or apartments with individualized supports.
- Continue to downsize the state psychiatric hospitals' statewide census.

Provide information, assistance and access to consumers to increase their opportunity for informed choice. Information on services and funding needs to be easily available to all people with disabilities. Access to these services needs to be strengthened and provided in culturally appropriate ways for all of Indiana's citizens. Initiatives taken to assist the State in meeting this policy objective are as follows:

- The Division of Disability, Aging and Rehabilitation Services (DDARS) is currently in the process of contracting for additional training for staff to enhance their ability to provide opportunity for consumers to make informed choices.
- A web site has recently been implemented to make access to specified information (rates, contract requirements, etc.) easier for consumers. The information is also available through the Area Agencies on Aging (AAAs), or via a phone call to the Bureau of Aging & In-Home Services (BAIHS).
- SB 215 was passed by the General Assembly and signed by the Governor in 1998. It provides the mechanisms for consumers to self-direct their attendant care under CHOICE and Medicaid Waiver funding. This law contains provisions for a registry of care workers. This information will be made available to consumers to have more informed choices in hiring an attendant care worker.
- Indiana has been allocated \$2.3 million to implement the National Family Caregiver Support Program. Two components of this program are information and assistance to access services. BAIHS is currently working with the AAAs to develop specific activities under this program, including providing greater access to information on caregiving issues to enhance consumers' choices.

- In order to provide closer, more convenient access points into the system for consumers within their neighborhood, decentralization of local Offices of Division of Family and Children (DFC) is occurring in 12 to 14 larger counties.
- DDARS has contracted with a consultant to assist the State in developing a more responsive waiting list system for all Medicaid waivers.
- Supporting the Hoosier Assurance Plan through Education (SHAPE) is a new consumer education program developed to provide information to help Indiana residents make informed choices of provider and services under the Hoosier Assurance Plan (HAP) and to learn about their rights and responsibilities under HAP.

Support the informal network of families, friends, neighbors and communities. Family caregivers provide far more supportive services for people with disabilities than is provided through paid services. With family sizes shrinking, more two-person wage earners families, and the population growing older, the ability of family caregivers to sustain this level of effort is strained. Providing support to caregivers becomes ever more important. In addition, volunteer efforts should be recognized for the value they provide. Initiatives taken to assist the State in meeting this policy objective are as follows:

- Programs being developed under the National Family Caregiver Support Program will provide information to caregivers about the availability of support services and assistance to caregivers in gaining access to services. Specific services available will include individual counseling, organization of support groups and caregiver training to assist in making decisions and solving problems, respite care, and supplemental services.
- The Children's CHOICE program will be implemented in 2002. This new program will leverage \$1 million in Temporary Assistance for Needy Families (TANF) funds, to help support eligible families of children receiving services through CHOICE. A total of \$2,000 per family per year will be available for family caregiver services.
- Increased availability and usage of the federal Family Unification Program (FUP), which can be accessed to assist families at risk of being separated due to inadequate housing.
- Family Support Respite Services, targeted to families of persons on the waiting list, are included in the Support Services waiver being developed as part of the revisions to the DD waiver.

Strengthen quality assurance, monitoring systems, complaint system and advocacy efforts. Hoosiers deserve high-quality services wherever they receive them. Consumers need better information on the quality of care delivered, and deserve an effective system that responds to consumer complaints in a timely way. Initiatives taken to assist the State in meeting this policy objective are as follows:

- Funding has been authorized in the State's biennial budget in the amount of \$339,000 per year for Ombudsman Services for Assisted Living and Adult Foster Care. The program will be developed in a manner that will allow these funds to be used as matching funds, to maximize the opportunity for federal financial participation.

- An additional \$657,000 has been appropriated for each year of the biennium for the Adult Guardianship Program. This will enable services to be available on a statewide basis, expanding the program which is presently available in 23 counties.
- The Adult Protective Services Program (APS) received an additional \$1.4 million for each year of the biennium to extend hours of service and to serve additional individuals. This funding will increase capacity for approximately 550 persons to be served.
- Indiana is one of 12 states participating in a pilot Performance Outcomes Measures Project sponsored by the U. S. Administration on Aging. This grant project is targeting outcome measures including caregivers, case management, information and assistance, nutrition and several other areas.
- Preliminary Provider Standards for all individuals with developmental disabilities will be included in contracts with service providers that go into effect on July 1, 2001. This includes services provided through the Developmental Disabilities, Autism and Aged and Disabled waivers and all services provided through the Bureau of Developmental Disabilities Services (BDDS).
- DFC will continue to improve the child welfare Quality Assurance Review process, under which peer reviewers evaluate each of the 92 local Child Protective Services (CPS) offices every two years.
- Indiana is one of 16 states participating in a pilot program for mental health system performance measures. Under a contract with SAMHSA/Center for Mental Health Services, Indiana is helping to define a pilot with more than 30 indicators, including use of best practices, functional outcomes, and consumer self reports.

Increase the system capacity for provision of high quality care. In many areas, the capacity of the service delivery system needs to be strengthened. The State agency infrastructure needs to be adequate to recruit providers and assist in development of new alternatives. Data and system issues such as timeliness of provider payments need to be addressed. Initiatives taken to assist the State in meeting this policy objective are as follows:

- To prepare for implementation of the Medicaid waiver Assisted Living Program, providers will need to be recruited. Plans for outreach and training will be developed in preparation for recruiting sufficient numbers of qualified providers to implement the Medicaid waiver program once appropriate authority for implementation has been obtained.
- The state budget recently passed by the Indiana General Assembly contains provisions for increasing provider rates. These increases are targeted specifically for direct care staff to enhance the quality of care.
- DDARS has developed a Targeted Case Management waiver and a Support Services waiver as part of the process of revising the current ICF/MR waiver. The Support Services waiver will include family support and respite services for families of persons on the waiting list and supported employment and day habilitation for individuals already served by Adult Day Services.

- DDARS is strengthening its intensive crisis intervention services for persons with developmental disabilities. This involves two separate strategies. One is for immediate access to placement *outside of the individual's current environment*. The second strategy is for immediate access to crisis assistance *within the consumer's current home environment*, when this is appropriate.
- The Division of Mental Health and Addictions (DHMA) will insure that provider payment rates are adequate through an actuarial study for services to adults and children.
- The budget approved for the next biennium includes \$10 million over the two years in additional funds for community services for adults with serious mental illness and \$2.5 million each year for services in the community for seriously emotionally disturbed children.
- The budget approved for the next biennium includes \$3 million in additional funds annually for Vocational Rehabilitation Services. This will enable Indiana to fully match available federal funds for this program, leveraging additional federal funds of \$12.7 million. It allows services to over 5,700 individuals with disabilities in an effort to help maintain self-sufficiency.

Create a coordinated workforce development system that recruits and supports a stable resource of direct support staff. In order to meet the needs of current and future numbers of persons with disabilities needing supports and services, the pool of workers with sufficient skills and training needs to significantly increase. It is important that the State take steps to ensure a stable and motivated workforce. Initiatives taken to assist the State in meeting this policy objective are as follows:

- The Bureau of Quality Improvement Services (BQIS) of DDARS is developing provider standards which will assist DDARS and provider agencies in supporting, training, and directing direct support staff.
- Funds have been included in the budget approved by the legislature for a rate increase targeted to direct care workers. The rate increase affects providers of services through CHOICE, waiver and Bureau of Developmental Disabilities Services (BDDS) services.

Persons with HIV/AIDS

Total population. As of December 2001, the Indiana State Department of Health reported a cumulative total of 3,715 HIV cases (that have not progressed to AIDS) and 6,449 AIDS cases. The cumulative number of deaths due to HIV/AIDS totaled 3,756, indicating that, given equal in and out migration, there would have been approximately 6,408 active HIV/AIDS cases in the State in 2001. However, due to individuals failing to be tested for AIDS and individuals who have tested positive but have not received follow up services, these estimates probably underestimate the actual number of HIV/AIDS cases.

Eighty-two percent of persons with HIV/AIDS in Indiana are male, while 49 percent of the population as a whole is male. In addition to males, African Americans and Hispanics are also disproportionately more likely to have the disease. Approximately 800 of the 6,408 persons with HIV/AIDS in Indiana reside in non-MSA counties.

Outstanding need. Providers of services to people with HIV/AIDS estimate that between 30 and 50 percent of the number of people with HIV/AIDS need housing. This suggests housing needs for between 1,922 and 3,204 people living with HIV/AIDS in the State. According to the advocacy group AIDS Housing of Washington, 65 percent of people living with HIV/AIDS nationwide cite stable housing as their greatest need next to healthcare. The organization also estimates that a high percentage of people living with AIDS are either experiencing homelessness or are in imminent danger of losing their homes. According to AIDS Housing of Washington's Spring 2001 AIDS Housing Survey:

- 9 percent of respondents were homeless at the time of completing the survey,
- 41 percent of respondents had been homeless at least once in the past,
- 22 percent of respondents were on a waiting list for housing assistance, and
- 41 percent of respondents would need to move if their rent increased \$50 or their income decreased \$50 per month.

The State has divided its service areas for people with HIV/AIDS into twelve geographic regions. Combined, these regions provide a total of 92 units of housing targeted for persons with HIV/AIDS. In addition to the units set aside for persons with HIV/AIDS statewide, each of the twelve geographic service areas are available to assist persons with HIV/AIDS through short term rental assistance, long term rental assistance, housing referrals and other supportive services. Exhibit V-8 shows, by geographic service area, the number of persons with HIV/AIDS who were supported through either short term or long term rental assistance, between July and December 2001.

Exhibit V-8.

Short and Long Term Rental Assistance for Persons with HIV/AIDS by Geographic Service Region, July – December 2001

<i>Region #</i>	<i>Region Name</i>	<i>Short Term Rental Assistance (30 days or less)</i>	<i>Long Term Rental Assistance</i>
1	Greater Hammond Community Services, Inc.	20	21
2	AIDS Ministries/AIDS Assist	17	13
3	AIDS Task Force of Northeast Indiana	62	22
4	Area IV Agency on Aging and Community Action Programs	0	18
5/6	Open Door Community Services	25	7
8	Area VII Agency on Aging and the Disabled	5	12
9	AIDS Task Force of Southeast Central Indiana	8	7
10	Positive-Link	51	12
11	Clark County Health Department	2	1
12	AIDS Resource Group of Evansville	<u>21</u>	<u>10</u>
	Total	211	123

Note: Region 7 is not served by IHFA.

Source: HOPWA Semi-annual Reports, IHFA, 2002

Given the 92 existing housing units for persons with HIV/AIDS and the 123 persons receiving long term rental assistance with HOPWA dollars, and assuming the total number of persons with HIV/AIDS with a need for housing assistance to be 1,922 (30 percent of the HIV/AIDS population), the State currently faces an outstanding need of over 1,707 housing units for persons with HIV and AIDS. Surveys indicate that among persons living with HIV/AIDS, most desire to live in houses or apartments in complexes with 21 units or less. The most desired types of housing subsidies are mortgage or rental assistance, followed by subsidized housing and units with some supportive services.

Barriers to housing. In addition to living with their illness and inadequate housing situations, persons with HIV and AIDS in need of housing face a number of barriers, including discrimination. The co-incidence of other special needs problems with HIV/AIDS can make some individuals even more difficult to house. For example, an estimated 20 percent of people currently living with HIV/AIDS use or abuse substances other than their own prescription medicine. The incidence of mental illness among the HIV/AIDS community is also high. Approximately 17 percent of people currently living with HIV/AIDS have some mental illness; 5 percent have AIDS related dementia. Because of the frequent concurrence of substance abuse and mental illness with HIV/AIDS and the need for health care and other supportive services, many of those with HIV/AIDS can be very difficult to serve.

Resources. The primary source of funding for HIV/AIDS housing is the Housing Opportunities for People with AIDS (HOPWA) program, which totaled about \$665,420 in 2001 and is expected to total \$751,000 in 2002. These funds are available for use as rental subsidies, as well as emergency services, such as utility assistance and emergency medicine. Awards of HOPWA funds are made on an annual basis. Exhibit V-9 on the following page shows the HOPWA awards made in program year 2001.

Exhibit V-9.
HOPWA Program Funding, 2001

<i>Funding</i>	<i>Activities</i>	<i>Counties</i>
\$85,901	Tenant-based rental assistance, acquisition, rehabilitation and repair of housing units, short term rental assistance and administration	Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley
\$48,544	Tenant-based rental assistance, short term rental assistance	Bartholomew, Brown, Greene, Lawrence, Monroe, Owen
\$33,374	Tenant-based rental assistance, short term rental assistance, supportive services	Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White
\$23,583	Tenant-based rental assistance, short term rental assistance, administration	Cass, Howard, Miami, Tipton
\$52,682	Tenant-based rental assistance, short term rental assistance, administration	Clay, Parke, Putnam, Sullivan, Vermillion, Vigo
\$10,896	Tenant-based rental assistance, short term rental assistance, administration	Crawford, Jackson, Jefferson, Jennings, Orange, Switzerland, Washington
\$67,715	Tenant-based rental assistance, short term rental assistance, supportive services, administration	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
\$25,927	Tenant-based rental assistance, short term rental assistance, supportive services, administration	Decatur, Fayette, Franklin, Henry, Ripley, Rush, Union, Wayne
\$38,615	Tenant-based rental assistance, short term rental assistance, administration	Delaware, Grant, Blackford, Jay, Randolph
\$88,400	Tenant-based rental assistance, short term rental assistance, supportive services, operating costs, technical assistance, administration	Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke
\$190,593	Tenant-based rental assistance, short term rental assistance, supportive services, housing information, administration	Lake, LaPorte, Porter

Source: Indiana Housing Finance Authority.

In addition to HOPWA funds, HOME dollars are available for HIV/AIDS-targeted housing. AIDS Ministries/AIDS Assist recently received over \$700,000 in HOME funds that will result in 21 units for persons with HIV/AIDS. AIDS Task Force of Northern Indiana has received \$110,000 in funding for 20 units of housing targeted to persons with HIV/AIDS. To the extent that persons with HIV/AIDS qualify, they are also able to access the State's general supply of affordable and subsidized housing.

The U.S. Department of Housing and Urban Development (HUD) recently completed a nationwide evaluation of the HOPWA program. The evaluation found that HOPWA dollars reach just one-sixth of the people living with AIDS in the U.S. According to the report, those individuals that are receiving HOPWA assistance are greatly benefited. The program mostly serves low and very low income persons living with HIV/AIDS, who often suffer from mental illness, substance abuse or other burdens. The evaluation found that the program's flexibility is important for addressing client

housing needs and that clients are very satisfied with the housing that they are receiving. The evaluation also found that most HOPWA programs are being integrated into other continuum of care systems and that HOPWA dollars are being matched with other government and private sources.

Persons with Physical Disabilities

Total population. Estimates of the total population in Indiana with physical disabilities vary according to the definition of disability. The U.S. Census defines a person with a disability as a person who has *difficulty* performing activities of daily living or certain functions (such as seeing, hearing, walking, climbing stairs or lifting). A person is considered to have a “severe disability” if they are *unable* to perform one or more activities listed above, use an assistive device to get around, or need assistance from another person to perform basic activities. According to the U.S. Census Brief on Disabilities (1997), 9.9 percent of the population was estimated to have a severe disability. The estimate increases to 20.6 percent when using functional disabilities as the definition.

The lowest estimate, 9.9 percent of the population, is based on the Census definition of a disability consisting of a mobility or self-care limitation. Using this estimate, 605,360 individuals in Indiana would have had a severe physical disability in 2001. Considering that approximately 60 percent of the State population resides in nonentitlement areas, it can be estimated that approximately 363,000 Indiana residents in nonentitlement areas currently have a severe physical disability. Chances of having a disability increase with age. National numbers from the U.S. Census indicate that people over the age of 65 comprise 43 percent of people with severe disabilities.

A second estimate can be derived by using a work disability as the operating definition. A work disability is defined as either (1) a limitation in the kind or amount a person can do (non-severe work disability), or (2) a condition preventing a person from working a job (severe work disability). In 1990, 4.03 percent of Indiana’s population reported having a severe work disability and 3.87 percent reported having a non-severe disability. Applying this percentage to Indiana’s 2001 population results in a total of approximately 263,000 persons with severe work disabilities in the State.

Outstanding need. The Governor’s Planning Council for People with Disabilities (GPCPD) recently conducted a consumer survey of nearly 1,400 Indiana residents with disabilities and held various focus groups with representatives from nonprofit organizations and advocacy groups as part of their *Five Year State Plan for People with Disabilities* (2001 – 2005). Through their research, they identified the following “key issues” for Indiana residents with disabilities:

- **Home and community-based services.** Indiana residents with disabilities believe that services delivered to their homes and places of work provide the greatest benefit, and they desire more options and greater investment in the implementation of such services.
- **Waiting lists.** Currently, thousands Hoosiers with disabilities are waiting for home and community-based care services. According to the GPCPD report, “The issue is not just that waiting is hard, but many people’s conditions deteriorate while they are waiting for services.”
- **Full utilization of Vocational Rehabilitation Services funds.** Indiana residents with physical disabilities who are participating in the survey indicated that they believe the available Vocational Rehabilitation Services programs are currently underutilized.

A recent study, *Priced Out in 2000*, compared average monthly SSI payments with rental housing costs at the national level and for each state. The study concluded that persons with disabilities receiving SSI income support lost “buying power” in the nationwide rental housing market over the past two years. The study also found that in Indiana, the monthly SSI benefit of \$545 represents 17 percent of statewide one-person median income. A person with disabilities receiving SSI income support in Indiana would have to pay 112 percent of this monthly benefit to be able to rent a modestly priced one-bedroom unit.

Housing direction established by the Governor’s Council. The latest Five Year State Plan for People with Disabilities identifies self-determination, employment, and community inclusion as three primary objectives to be addressed for persons with disabilities. Research presented in the plan indicates that persons with disabilities want to live in a community with privacy, safety, and without fear of being raped, abused or belittled. They need supportive services to make this possible. Some require the support of assisted living, but not regimentation. Those who are married expect to be able to live together. Group homes and Independent Living Centers are helping people become more self-sufficient, but they need well-trained, permanent staff who can teach life skills.

Issues addressed through the community inclusion objective involve the reliance on sheltered, segregated services, a dependent living bias and a lack of commitment to community integration (as evidenced by the small number of community-based support systems, the large number of people in nursing homes and the lack of accessible, affordable housing).

The Governor’s Planning Council for People with Disabilities has identified the following four objectives aimed at addressing the community inclusion initiative:

- Increase the number of children with disabilities, including those with emotional disabilities, in inclusive educational settings;
- Increase the number and quality of community living supports that enable people with disabilities and families to participate in inclusive community activities of their choice;
- Expand the number of people with disabilities who have accessible, affordable housing; and
- Expand the availability of accessible, affordable public and private transportation throughout the State, especially in rural areas.

Resources. The Council plans to address the objective of expanding the number of persons with disabilities who have accessible, affordable housing through the implementation of the following strategies:

- Promote interagency coordination around quality housing;
- Build supports that enable people to live in their own houses;
- Educate about and advocate for the benefits of universal design with housing designers, developers and builders as well as the general public; and
- Promote awareness in the housing industry that persons with disabilities are viable customers.

In addition, the Five Year Plan identifies a vision for the future of community living for persons with disabilities. This vision includes the establishment of affordable and accessible, individualized and dispersed housing for people with disabilities of all ages throughout the community, and the direction of funding away from services/buildings that congregate people with disabilities. This vision includes the provision of individualized supports to meet people's needs in their own homes (ownership or rental).

Many of the programs (including CDBG and HOME) available to persons with developmental disabilities are also available to persons with physical disabilities. It should also be noted that individuals with physical disabilities have access to the following financial and supportive service programs to help meet their housing and support needs:

- SSI is a federal income support program that is available to people who have disabilities and limited income and resources. In 2001, SSI provided up to \$454 per month for eligible single people.
- Community and Home Options to Institutional Care for the Elderly and Disabled is a state funded program that supports the elderly and people with disabilities. It can cover financial assistance for home modifications and various in-home supports (e.g., personal attendant care). In 1998 (the date of the last available data), approximately 1,800 Indiana residents with physical disabilities received CHOICE funds (18 percent of the total number of CHOICE fund recipients).
- Medicaid services are available meet the needs of individuals living in the community, large and small congregate facilities or who are receiving care in a hospital. Medicaid waivers make Medicaid funding available for home and community based services that have the support services they need to live in their own homes. Medicaid waiver funding cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications. In 1999, 71,682 Indiana residents with disabilities received over \$100 million in Medicaid funds.

Given the wide range of housing needs of individuals with physical disabilities, it is difficult to assess the total housing resources available to them. One indication of total resources is a housing survey recently conducted by Marion County. The survey found that one-third of all apartment complexes in the County has accessible units. It is unclear whether this percentage would continue to be accurate in nonentitlement areas in the State. However, since nonentitlement areas have a lower percentage of housing stock that is multi-family, it is likely that the number of accessible units is more limited in these areas. Additionally, without a specific count of people with physical disabilities in Marion County or a total count of apartments in the County, in addition to the measure of the quality of these units, it is impossible to assess whether these units meet the outstanding need.

Persons with Mental Illness or Substance Abuse Issues

Total population. It is appropriate to consider persons with mental illness and those with substance abuse issues together because Indiana uses one system to serve both of these populations.¹ Most recent estimates developed by the State's Division of Mental Health place the population of persons with mental illnesses at approximately 236,831. A recent actuarial study estimates the target population for state services (e.g., the poorest and least able to secure services) at 68,311.

It is estimated that 0.43 percent of Indiana's population are substance abuse clients in specialty treatment units on any given day. Given the 2001 population of 6,114,745 people, this would result in a total of 26,293 substance abuse clients statewide.

If the prevalence of mental illness and substance abuse were the same in nonentitlement areas as the State as a whole, they would be home to approximately 145,000 people with mental illness and 15,776 substance abuse clients. Recent statistics on populations served by FSSA show that 27 percent of clients served live in rural areas of the State; 73 percent live in urban areas.

FSSA's statistics on clients served indicate that the majority of persons with mental illnesses served by the agency (40 percent) are not in the labor force. Fourteen percent of those served had full time jobs, 9 percent had part time jobs, and 31 percent were unemployed.

Outstanding need. One method of determining outstanding need among persons with mental illness in the State is to compare the current availability of supportive services slots with the current need. As of 2000, there were 1,335 supportive services slots for individuals in Indiana, 291 less than the estimated need of 1,626. For families in need of supportive services, a demand of 900 slots exists, exceeding the supply of 810 by 90. Persons with serious mental illness face an even bigger gap between need and availability of services. While an estimated 616 supportive services slots exist for individuals and 78 for families, approximately 955 slots are needed for individuals and 339 for families – creating an outstanding need of 616 for individuals and 282 for families.

It is estimated that there are 97.5 beds available for substance abuse treatment per 100,000 people in the United States. Given this estimate, Indiana would have 5,662 total beds targeted to persons with substance abuse.

Recent studies have shown a strong correlation between mental illness and homelessness. The Coalition for Homelessness Intervention and Prevention recently conducted a study of persons experiencing homelessness in Indianapolis. The study indicated that approximately 30 percent of the single adult population experiencing homelessness has some form of severe and persistent mental illness. Using the estimate of 100,000 persons experiencing homelessness in Indiana over the course of a year, this would indicate that approximately 30,000 of those individuals have a mental illness.

Indiana's Family and Social Services Agency (FSSA) served 38,199 Hoosiers suffering from mental illness in 2001. Among this group, 70 percent were in independent living situations, i.e., living in their own homes or apartments or in independent living situations with parents or relatives. An additional 14 percent were living with parents, guardians or other caregivers, 3 percent were homeless

¹ Persons with mental illness are also often referred to as "persons with psychiatric disabilities." This report uses the more common term "persons with mental illness," which is currently used by HUD.

and 7 percent were living in group homes, institutions or other supervised, dependent settings. Approximately 73 percent of clients served by FSSA in 2001 were from urban areas in the State; 27 percent were from rural areas; 40 percent of FSSA clients with mental illnesses were not in the labor force in 2001; 31 percent were unemployed; 4 percent worked full time; and 11 percent worked less than full time.

Provision of housing to persons who are mentally ill or abuse substances in rural areas is difficult due to two factors. First, rental properties, particularly apartments, are less common outside of large cities. Additionally, HUD's scoring system for Section 811 grants uses minority participation as a significant factor in evaluations. Given the small number of minorities in the State's nonentitlement areas, this requirement puts applications from such areas at a disadvantage from the outset. Due to these factors, and the fact that all of the State's PATH programs are located in large cities, it seems likely that there is an outstanding need for housing for the mentally ill and for individuals with substance abuse problems in nonentitlement areas in Indiana.

Resources. Through the Hoosier Assurance Plan, the State's Division of Mental Health contracts with managed care providers who provide services to individuals requiring mental illness or substance abuse treatment and who have annual incomes falling beneath 200 percent of federal poverty guidelines. The Division has statutory authority for 43 managed care providers statewide. Each provider is reimbursed on a per consumer basis from the State. Since Indiana is consciously trying to downsize its state hospitals and de-institutionalize its mental health system, CHMCs are also allowed to "cash in" allocated state hospital beds for additional resources. CHMCs provide the following mandated services: inpatient services, partial hospitalization/psychosocial rehabilitation, residential services, outpatient services, consultation, education and community support. Priority populations are adults with chronic mental illness and children and adolescents who are seriously emotionally disturbed. In 1999, the Hoosier Assurance Plan supported more than 73,000 persons with mental illness.

In addition to state-provided services, Indiana's statutes require employers who provide mental health coverage to provide it in full parity with physical health coverage. Furthermore, the State's Children's Health Insurance Program provides full parity for mental illness.

The Division of Mental Health supports eight PATH teams and four CHMCs with Shelter Plus Care programs. These provide housing, job training, case management, medical services and referrals. In addition, most CHMCs also serve persons experiencing homelessness through referrals from other agencies. It should be noted that the PATH teams are all located in Indiana's six largest cities, meaning that few of these housing services are available in nonentitlement areas. A PATH-like team has recently been funded at the Center for Mental Health in Anderson using Mental Health Block Grant funds.

It is difficult to assess the housing resources available to the mentally ill since the Divisions' funding system is based on people served rather than services provided. Some providers have been more aggressive than others in pursuing HUD funding, such as Shelter Plus Care grants that provide rental assistance for hard-to-serve homeless persons with disabilities. Additional confusion comes from the wide variety of housing combinations offered by different providers.

Migrant Agricultural Workers

Total population. By definition, the number of migrant agricultural workers in Indiana fluctuates and, consequently, is difficult to measure. The most recent count identified a total of 3,552 migrant workers employed by 130 employers throughout the State. However, this count does not include seasonal workers, which are very difficult to measure due to their transient nature. Thus, the total of migrant and seasonal workers is much higher than this identified count. Due to the difficulty of locating workers, service providers estimate the State's annual population of migrant workers at about 8,000. Records from the Department of Labor's Transition Resources Program indicate that over 85 percent of migrant farm workers that receive services are Latino and nearly 50 percent have limited English-speaking abilities.

Outstanding need. A 2001 nationwide survey of the migrant worker population by the Housing Assistance Council found that the median monthly income for migrant worker respondents was \$860, and the median monthly housing cost was \$345. Excluding units where no rent was charged, the median housing cost was \$380. Three in five units were occupied by households with incomes at 80 percent or less of Area Median Income (AMI). Thirty-eight percent of migrant worker households surveyed had incomes of 50 percent or less of AMI, and 17 percent had incomes 30 percent or less of AMI.

The 2001 Housing Assistance Council survey indicated that 45 percent of migrant agricultural workers live in either single or multi-family housing. Employers owned 25 percent of all units, and 57 percent of employer-owned units were provided free of charge.

Serious structural problems, including sagging roofs, house frames or porches, were evident in 22 percent of the units surveyed and 15 percent had holes or large sections of shingles missing from their roofs. Foundation damage was evident in 10 percent of all units and windows with broken glass or screens were found in 36 percent of the units. Unsanitary conditions, such as rodent or insect infestation, were evident in 19 percent of the units surveyed and 9 percent had frayed wiring or other electrical problems present. More than 10 percent of units lacked a working stove, 8 percent lacked a working bath or shower and more than 9 percent lacked a working toilet.

The 2001 Housing Assistance Council survey found that crowding was extremely prevalent among migrant worker housing units. Excluding dormitories and barracks (structures designed for high occupancy), almost 52 percent of all units were crowded (defined as having a mean of more than one person per room, excluding bathrooms). Among crowded units, 74 percent had children present.

The U.S. Department of Labor's National Agricultural Workers Survey (NAWS) has been a consistent source of information on the demographics, working, and living conditions of agricultural workers in the United States. Since 1988, the NAWS has surveyed more than 25,000 workers. The most recent survey for which data are available was conducted between 1997 and 1998.

The majority of workers surveyed in 1997-1998 were paid by the hour, although this varied by type of work. About one-third of workers performing “harvest tasks” were paid piece rates (e.g., paid by amount of units harvested). The average wage earned by a worker in 1997-1998 was \$5.94 per hour, and about 12 percent of all workers earned less than the minimum wage. The survey compared wages over time and found that the purchasing power of agricultural worker wages has been declining. Workers’ wages have dropped (in real terms) since 1989, from \$6.89 to \$6.18 per hour. On an annual basis, about half of all workers surveyed reported earning less than \$7,500 per year.

According to the NAWs survey, most workers did not receive benefits as part of their employment. Only 41 percent were covered by unemployment insurance and just 33 percent were covered by workers compensation insurance.

The NAWs survey included very few questions about the specific health and living conditions of agricultural workers. In the 1997-1998 survey, 2 percent of workers reported that they did not have access to drinking water at their worksite. Sixteen percent reported not having water with which to wash and 13 percent reported that toilets were not available at work.

Although most migrant workers do not have a choice about the type of housing they will have, studies have indicated that they express preferences for living in mixed or homogeneous housing. Many unaccompanied men prefer living in mixed housing because it fosters a sense of community. Families, however, prefer to be in family-only facilities. A recent survey found that most housing managers and crew leaders are wary of placing families and unaccompanied men in the same facility.

Resources. Historically, growers have provided housing for migrant workers in Indiana. These growing facilities are licensed by the Indiana State Department of Health and are held to minimum standards, including windows and a source of heat. Indoor faucets or plumbing are not required under the standards, and most camps have common showers, restrooms and facilities for washing clothes. It should be noted that structures built before the adoption of these standards are acceptable under a grandfather clause, meaning that some families live in cabins as small as 10 by 12 feet in dimension. According to service providers, grower provided housing is more common in central and northern Indiana, while workers in the southern part of the State typically find housing independently.

Aside from grower provided housing, migrant workers are left to find housing for themselves in surrounding areas. The funding sources available for the development of migrant worker housing are those used by all developers of affordable housing seeking subsidies and can be very competitive.

A 12-unit development for migrant workers in Knox County funded with CDBG funds began construction in 2000 and was finished and fully occupied by summer 2001. The sub-recipient of these funds, the Knox County Rural Housing Corporation, received matching funds from the farmer who would hire the workers in order to make the project viable. This new complex targets low income migrant workers (those making 30 percent or less of AMI). Knox County is also in the planning stages of working with another grower to develop additional migrant worker housing. A \$300,000 rehabilitation of existing migrant worker housing near Goshen was recently completed. This project was also subsidized by CDBG funds. IHFA also recently awarded a farmworker-housing grant for an orchard in Covington. Construction has started on two duplexes and will begin in spring 2002 on a third.

In addition, special outreach services are provided to reach migrant worker populations through the Comprando Casa program, a homeownership education program designed specifically for the Hispanic/Latino population. Rural Opportunities, Inc. (ROI) is currently applying for funding to establish a financial literacy program for migrant workers throughout the State. This ROI initiative is designed to help the Hispanic/Latino migrant worker population become familiar with the American banking system, decrease predatory lending, address credit issues and create a stepping stone to homeownership training.

Implications

The many needs of the populations discussed above, combined with the difficulties in estimating the extent of such needs, can at times be overwhelming. Furthermore, the dollars available to serve special needs populations are limited, and these groups often require multiple services. The exhibit on the following page attempts to identify the greatest needs of each special needs populations and shows the primary resources available to meet these needs. As discussed in the text, these needs are often more pronounced in rural areas due to lack of service population.

Exhibit V-10.
Summary of Special Needs and Available Resources

Population	Housing Need	Community Need	Primary Resource Available
Elderly	Rehabilitation/repair assistance Modifications for physically disabled Affordable housing (that provides some level of care)	Public transportation Senior centers Improvements to infrastructure	CDBG CHOICE HOME/IHFA Home Equity Conversion Mortgage Program Medicaid Public Housing Section 202 Section 8 USDA Rural Housing Services
Homeless	Beds at shelters for individuals Transitional housing/beds for homeless families with children Affordable housing for those at risk of homelessness	Programs for HIV positive homeless Programs for homeless with substance abuse problems Programs for homeless who are mentally ill	ESG CDBG HOME/IHFA HOPWA IDOC ISDH County Step Ahead Councils County Welfare Planning Councils Local Continuum of Care Task Forces Municipal governments Regional Planning Commissions State Continuum of Care Subcommittee
Developmentally Disabled	Semi-independent living programs Group homes	Smaller, flexible service provision Community settings for developmentally disabled Service providers for semi-independent	CDBG CHOICE HCBS HOME/IHFA SSI Medicaid Section 811 Olmstead Initiative Grant DDARS BDDS Supported Living Supported Group Living
HIV/AIDS	Affordable housing for homeless people with HIV/AIDS Housing units with medical support services Smaller apartment complexes Housing for HIV positive people in rural areas Rental Assistance for people with HIV/AIDS Short term rental assistance for people with HIV/AIDS	Support services for AIDS patients with mental illness or substance abuse problems Medical service providers Public transportation	HOME/IHFA HOPWA Section 8
Physically Disabled	Housing for physically disabled in rural areas Apartment complexes with accessible units Affordable housing for homeless physically disabled	Public transportation Medical service providers	CDBG CHOICE HOME/IHFA SSI Medicaid Section 811
Mental Illness and Substance Abuse	Community mental health centers Beds for substance abuse treatment Supportive services slots Housing for mentally ill in rural areas	Substance abuse treatment Education Psychosocial rehabilitation services Job training Medical service providers	CDBG CHIP Division of Mental Health Section 811 Hoosier Assurance Plan Olmstead Initiative Grant
Migrant Agricultural Workers	Grower-provided housing improvements Affordable housing	Family programs Public transportation Homeownership education	CDBG Rural Opportunities, Inc. Comprando Casa Program USDA Rural Development 514 & 516 Programs

Source: BBC Research & Consulting, 2002.

Data Sources

A number of data sources were relied upon in the preparation of this section, including key person interviews with government and non-profit service providers and advocates, and multiple primary and secondary documents. The following documents were used in the preparation of this section:

- *2000 Continuum of Care Consolidated Application, State of Indiana*, prepared by Indiana Coalition for Housing and Homeless Issues (ICHHI);
- *A Profile of Older Hoosiers*, published by Indiana University;
- *Asset Ownership of Households*, U.S. Bureau of the Census, 1995;
- *City of Indianapolis Homeless Survey*, prepared by the Coalition for Homelessness Intervention and Prevention;
- *Comprehensive Plan for the Design of Services for People with Developmental Disabilities*, prepared by the Indiana SB 317 Task Force;
- *Current Population Report, Household Economic Studies, Americans With Disabilities 1994-1995*, published by the U.S. Department of Commerce;
- *Current Population Survey*, U.S. Bureau of the Census, March 2000;
- *Developmental Disabilities Services in Indiana: Assessing Progress Through the Year 2000*, prepared by David Braddock, Ph.D. and Richard Hemp, M.A. for the Association of Rehabilitation Facilities of Indiana;
- *Disabilities Affect One-Fifth of All Americans*, U.S. Census Brief, U.S. Bureau of the Census, December 1997;
- Division of Mental Health, Olmstead Data Collection Tool, Olmstead Task Force;
- *Estimations of Prevalence and Mental Health Systems Data*, 1998;
- Family and Social Services Administration (FSSA) 2000 Report on Elderly and Aging;
- *Five Year State Plan for People With Disabilities: Fiscal Years 2001 – 2005*, as prepared by the Indiana Governor's Planning Council for People with Disabilities;
- *HIV/STD Quarterly*, published by the Indiana State Department of Health, October 2001;
- *Homelessness: Programs and the People They Serve*, prepared by the Interagency Council on the Homeless, 1999;
- HOPWA Semi-Annual Reports, IHFA, 2002;

- *Housing Crisis Continues: Findings from Priced Out in 2000*, Opening Doors: A Housing Publication for the Disability Community, 2001;
- *Housing Our Elders: A Report Card on the Housing Conditions and Needs of Older Americans*, published by HUD, 1999;
- *Indiana's Comprehensive Plan for Community Integration and Support of Persons with Disabilities*, Family and Social Services Administration, 2001;
- *Kernan Announces \$665,420 in Awards for AIDS Housing Program*, press release by Indiana Housing and Finance Authority, 2001;
- *National Evaluation of the Housing Opportunities for Persons with AIDS Program (HOPWA)*, ICF Consulting for the U.S. Department of Housing and Urban Development;
- *National Nursing Home Survey*, National Center for Health Statistics, 1999;
- *New Partnerships for Homeownership and Individualized Housing for People with Low Incomes and Disabilities*, from the Back Home in Indiana Alliance;
- *No Refuge From the Fields: Findings from a Survey of Farmworker Housing Conditions in the United States*, Housing Assistance Council, 2001;
- *Opting In: Renewing America's Commitment to Affordable Housing*, published by HUD;
- *Programs Relating to Comprehensive Mental Health*, Division of Mental Health of the Family Social Services Administration (FSSA);
- *Residential Services for Persons with Developmental Disabilities, Status and Trends Through 2000*, Research and Training Center on Community Living, Institute on Community Integration/UAP;
- Rural Opportunities, Inc., Quarterly Progress Reports, 2001;
- *Spring 2001 Housing Survey*, AIDS Housing of Washington, 2001;
- *State of Indiana Consolidated Annual Performance and Evaluation Report (CAPER) for Program Year 2000*, BBC Research and Consulting 2001;
- State of Indiana, FSSA, Division of Mental Health web page (<http://www.ai.org/fssa/HTML/PORGRAMS/2c.html>);
- *Statewide HIV/AIDS Housing and Organizational Capacity Needs Assessment, State of Indiana Report*, prepared by Indiana Cares Inc. (now AIDServe Indiana);
- *The National Agricultural Worker Survey*, U.S. Department of Labor, 1997-1998;

- *The Older Population in the United States: Population Characteristics*, U.S. Bureau of the Census, March 1999;
- *Three Year State Plan for People with Disabilities: Fiscal Years 1998 – 2000*, as prepared by the Indiana Governor’s Planning Council for People with Disabilities.

Persons Contacted

In addition to the aforementioned data sources, a number of people with specific knowledge of various special needs populations furnished information either electronically or by telephone that were used in preparation of this section. We thank these individuals for their very helpful assistance.

- Paula Barrickman, Indiana Division of Mental Health and Addiction;
- Rosemary Carney, Family and Social Services Administration;
- Lisa Coffman, Indiana Housing Finance Authority;
- Judy Hall, Family and Social Services Administration;
- Deborah McCarty, Indiana University, Indiana Institute on Disability and Community;
- N. Ellen McClimans, Family and Social Services Administration;
- Annette Phillips, Rural Opportunities, Inc.;
- Marge Slauter, Family and Social Services Administration;
- Patrick Taylor, Indiana Coalition on Housing and Homelessness Issues; and
- Mary Lou Terrell, Knox County Housing Authority.

SECTION VI.

2001 Program Year Strategy and Action Plan

SECTION VI.

Strategies and Actions

Pursuant to Section 91.315 of the Consolidated Plan regulations, this section contains the following:

- A reiteration of the State's philosophy of addressing housing and community development issues;
- A discussion of the general obstacles the State faces in housing and community development;
- How the State intends to address the identified housing and community development needs;
- How the State determined priority needs and fund allocations; and
- The State's FY2002 One Year Action Plan.

This section also partially fulfills the requirements of Section 91.320 of the Consolidated Plan regulations. The bulk of the requirements of Section 91.320 – a discussion of federal and non-federal resources, funding activities and allocation plans, geographic distribution of assistance, and program specific requirements – are found in Appendix G, Agency Allocation Plans. Required state certifications are located in Appendix B.

Approach and Methodology

Planning workshop. The Consolidated Plan Coordinating Committee attended a workshop in March 2002 to evaluate the five year Strategic Plan adopted in FY2000 and develop a One Year Action Plan for FY2002. The agenda for the workshop was to:

- Review the housing and community development needs identified through the FY2002 planning process;
- Review the five year housing and community development goals and resulting Strategic Plan developed in FY2000; and
- Keep working on, modify, delete, or develop new Action Items for the FY2002 program year.

At the end of the workshop, the Committee had developed the One Year Action Plan for FY2002.

Planning principles. During the workshop, the Committee also reviewed and reaffirmed the guiding principles developed in the FY2000 strategic planning process, which include:

- Focus on the findings from citizen participation efforts (public forums, community surveys, public comments);
- Allocate program dollars to their best use, with the recognition that nonprofits and communities vary in their capacities and that some organizations will require more assistance and resources;
- Recognize that the private market is a viable resource to assist the State in achieving its housing and community development goals;
- Emphasize flexibility in funding allocations, and de-emphasizing geographic targeting;
- Maintain local decision making and allow communities to tailor programs to best fit their needs;
- Leverage and recycle resources, wherever possible; and,
- Understand the broader context within which housing and community development actions are taken, particularly in deciding where to make housing and community development investments.

Geographical allocation of funds. In the past, the responsibility for deciding how to allocate funds geographically has been at the agency level. The Committee has maintained this approach, with the understanding that the program administrators are the most knowledgeable about where the greatest needs for the funds are located. Furthermore, the Committee understands that since housing and community development needs are not equally distributed, a broad geographic allocation could result in funds being directed away from their best use.

Specific information on the geographic allocation of funds for each of the four HUD programs is located in the program allocation plans in Appendix G.

Prioritization of funds. The Committee has determined broad guidelines for priority setting. Ultimately, the Committee strives to provide funding to activities that benefit individuals and groups with the greatest needs. The Committee maintains that the greatest needs are best determined at the local level. For statewide priorities, the Committee has adopted the overall priorities as 1) income, with the greatest emphasis on the lowest income groups, and 2) special needs populations.

The results of the FY2000 program year strategic plan and action items audit are detailed in following section, beginning with a summary of the housing and community development needs identified during the FY2002 Consolidated Planning process.

Summary Findings

Sections II-V of the FY2002 Consolidated Plan Update present findings from the community survey, regional public forums, and secondary statistical research. In sum, these data showed the following trends and implications:

- The top housing and community development needs identified in the community survey included affordable single family and rental housing and transitional housing. The top community development needs were for downtown revitalization, economic development and improvements in public infrastructure.
- Thirty-four percent of survey respondents agreed that discrimination occurs in their communities. The types of discrimination perceived to be the most prevalent were based on family size, race, disability and language.
- The majority of respondents to the survey felt that the housing and service needs of the homeless, mentally ill, and physically and developmentally disabled were not being adequately met. Respondents felt that the needs of the elderly were being met the best, relative to other special needs groups (although improvements are still needed).
- Although housing prices in Indiana are still affordable relative to national standards, an estimated 400,000 Indiana renters and homeowners are paying more than 30 percent of their incomes in housing and are cost burdened. The barriers to affordable housing most often identified by community survey respondents included housing cost, transportation, and distance between housing and place of employment.

The following table provides the estimated 2002 program year funding levels for each of the four HUD programs. These resources will be allocated to address the identified housing and community development strategies and actions. Please see Appendix G for methods of distribution for each program, including matching dollar requirements and sources of such funds.

***Exhibit VI-1.
2002 Consolidated
Plan Funding,
by Program and
State Agency***

Source:
State of Indiana and HUD, 2002.

Agency	Allocation
Indiana Department of Commerce (CDBG)	\$37,879,000
Indiana Housing Finance Authority (HOME)	\$16,447,000
Indiana Housing Finance Authority (HOPWA)	\$751,000
Indiana Family and Social Services Administration (ESG)	\$1,747,000
Total	\$56,824,000

Five Year Goals

Seven top-level goals were established by the Committee for the FY2000 five year plan. The Committee has retained these top level goals for the FY2002 Action Plan. The goals, strategies, and action items are not ranked in order of importance, since it is the desire of the State to allow each region and locality to determine and address the most pressing needs it faces.

1. Expand and preserve affordable rental housing opportunities.
2. Enhance affordable homeownership opportunities.
3. Promote livable communities and community redevelopment.
4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.
5. Strengthen and expand the State's continuum of care for persons who are homeless.
6. Strengthen the safety net of housing and services for special needs groups.
7. Enhance the local capacity for housing and community development.

For the FY2002 plan, the action items developed for program years 2000 and 2001 to achieve each of these goals were audited for their effectiveness in continuing to address the housing and community development needs identified during the FY2002 planning process. The following section outlines the Strategies and Action Plan in detail, including any modifications that have been made to better meet community needs.

Strategies and Action Plan

Goal 1. Expand and preserve affordable rental housing opportunities.

As detailed in the Housing and Community Development and Housing Market Analysis sections of the report, one of the greatest needs of communities is affordable, quality, multifamily housing. The As reported in the Housing Market Analysis section, an estimated 35 percent of the State's rental households paid more than 30 percent of their household incomes in rent in 2000 and, as such, were cost burdened.

The strategies developed to accomplish Goal 1 include:

- a. Continue funding IHFA's Housing from Shelters to Homeownership program to provide affordable rental housing. This program utilizes CDBG and HOME dollars to fund activities ranging from emergency shelter development, to owner and rental housing rehabilitation and new construction, to homeownership counseling and down payment assistance. Units of local government, townships, public housing authorities, Community Housing Development Organizations (CHDOs) and nonprofit entities

may all apply for funding. Preference is given to those projects that serve the lowest income citizens, although this program's scoring system considers a number of factors to ensure that dollars are allocated to the greatest needs.

- **Action Items to be Monitored.** On an annual basis, IHFA will evaluate the current funding allocation of the Housing from Shelters to Homeownership program by comparing the number of units produced or rehabilitated, and/or dollar amounts available for production or rehabilitation, with the housing needs identified in the Consolidated Plan, to the extent that a renter/owner needs breakdown is available. The number and types of applications for the program will also be analyzed, since this measure of demand is also an indicator of need. The results of the evaluation will be used to establish priorities and goals for the upcoming program year.
- **Accomplishments.** *This program will continue in FY2002. IHFA proposes to allocate more than \$3 million of HOME and CDBG funds to provide affordable rental housing through the Housing from Shelters to Homeownership program during FY2002.* In addition, IHFA will continue to utilize a competitive allocation system for the program. Preference is given to projects that: 1) Meet the needs of their specific community; 2) Attempt to reach very low-income levels of 30% of area median income; 3) Are ready to proceed with the project upon receipt of the award; and, 4) Revitalize existing neighborhoods.

b. Continue using Rental Housing Tax Credits to develop affordable rental housing. Since the program's inception in 1986, IHFA has been active in allocating Rental Housing Tax Credits. IHFA recognizes the value of tax credits in providing the much needed development of affordable rental housing; the program has long been at the core of the agency's multifamily division activities.

- **Action Items to be Monitored.** IHFA will also evaluate and report annually to the Committee on the ability of the Rental Housing Tax Credit program to serve the State's housing needs. IHFA will actively campaign for federal regulations that increase the amount of Rental Housing Tax Credits that states are allowed to allocate.
- **Accomplishments.** *This program will continue in FY2002. IHFA proposes to allocate \$3 million of HOME funds to provide affordable rental housing through the Rental Housing Tax Credit program during FY2002.*

c. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.

- **Action Items to be Monitored.** The Committee has been unable to address this action item during the 2000 and 2001 program years. However, the Committee believes this opportunity for funding should be explored. During FY2002, members of the Committee will evaluate the political climate for this action item and recommend a course of action.

- **Accomplishments.** *This action item is ongoing.* The Committee determined that this action item could be explored by the newly formed Interagency Council for the Homeless. FSSA, IACED, and ICHHI will work together and with the Council to evaluate the feasibility of this action item.
- d. Continue to preserve existing Section 8 expiring use properties through IHFA's work as a HUD designated Participating Administrative Entity (PAE) to encourage property owners to remain in the Section 8 program. In addition, IHFA has been approved as a Section 8 Contract Administrator for certain properties.
 - **Action Items to be Monitored.** A designated Consolidated Plan Committee member will report to the Committee on IHFA's accomplishments as a PAE and Section 8 Contract Administrator on an annual basis.
 - **Accomplishments.** *This action item is ongoing. For FY2002, IHFA will remain a PAE and Section 8 contract administrator.*
- e. Continue the use of the Indiana Coalition on Housing and Homeless Issues' (ICHHI) "OTAG" program, which assists displaced Section 8 tenants in finding new affordable rental units.
 - **Action Items to be Monitored.** The Committee will become better informed about this program and similar programs throughout the State. The Committee will use this strategy in conjunction with the continuing work of IHFA as a PAE and Section 8 Contract Administrator, in an effort to ensure a holistic approach to preserving the affordable rental units currently provided by expiring use properties.
 - **Accomplishments.** *This action item is ongoing.*

Goal 2. Enhance affordable homeownership opportunities.

Affordable housing has been consistently identified as a top need in the forums and surveys conducted as part of the five year Consolidated Planning process. Expansion of affordable rental housing programs, which is addressed in the strategies for Goal 1, will serve a portion of this need, especially for the very lowest income households.

Enhancing homeownership opportunities is another part of the solution. The need for affordable single family housing was expressed by both survey respondents and forum attendees, including those representing special needs groups. According to Census 2000 Supplementary Survey data, nearly 217,000 Indiana homeowners paid more than 30 percent of their household income on housing costs in 2000.

The strategies developed to accomplish Goal 2 include:

- a. Continue to fund IHFA's Housing from Shelters to Homeownership program to provide affordable single family new construction and rehabilitation of existing units for resale.

- **Action Items to be Monitored.** On an annual basis, IHFA will evaluate the current funding allocation of the Housing from Shelters to Homeownership program by comparing the number of units produced or rehabilitated, and/or dollar amounts available for production or rehabilitation, with the housing needs identified in the Consolidated Plan, to the extent that a renter/owner needs breakdown is available. The number and types of applications for the program will also be analyzed, since this measure of demand is also an indicator of need. The results of the evaluation will be used to establish priorities and goals for the upcoming program year.
 - **Accomplishments.** *This program will continue in FY2002. IHFA proposes to allocate \$3.9 million of HOME and CDBG funds to provide affordable owner occupied housing through the Housing from Shelters to Homeownership program during FY2002.* In addition, IHFA will continue to utilize a competitive allocation system for the program. Preference is given to projects that: 1) Meet the needs of their specific community; 2) Attempt to reach very low-income levels of 30% of area median income; 3) Are ready to proceed with the project upon receipt of the award; and, 4) Revitalize existing neighborhoods.
- b. Continue IHFA's First Home program, which uses Mortgage Revenue Bonds and Mortgage Credit Certificates to provide interest rate subsidies and down payment assistance to low and very low income households for purchase of their first home.
- **Action Items to be Monitored.** IHFA will evaluate and report annually to the Committee on the accomplishments of the First Home program in serving the State's lowest income populations who desire homeownership. IHFA will actively campaign for federal regulations that increase the amount of private activity bonds that states are allowed to issue.
 - **Accomplishments.** *This program is ongoing.* IHFA was successful in its campaign to increase the amount of private activity bonds allowed. Congress passed the increase, from \$50 per capita in 2000, to \$62.50 in 2002 and \$75 beginning in 2002.
- c. Explore the feasibility of establishing a statewide homebuyer counseling program.
- **Action Items to be Monitored.** A designated Committee member will work with IHFA to evaluate the need for a homebuyer counseling program. If a need for such a program is identified, the Committee will assist IHFA in marketing the program to targeted populations, including dissemination of program materials at the Consolidated Plan regional forums and public hearings

- **Accomplishments.** During 2001, IHFA hosted two roundtable discussions and conducted a mail survey to ascertain the need for a statewide homebuyer counseling program. In general, housing providers agree that there is a need for homebuyer education. *For program year 2002*, IHFA has funded The Homeownership Education & Counseling Initiative (HomeEC), which is being conducted by IACED. The broad purpose of HomeEC is to determine the need for a statewide homeownership education and counseling program and develop a framework for such projects. In spring 2002, a series of roundtable meetings will be held throughout the State with organizations that are actively promoting or are interested in homeownership education and counseling efforts. The HomeEC Initiative will also explore accessibility and distribution of current programs throughout the State and the certification of counselors.

The Individual Development Account (IDA) program mentioned in Action Item e. (below) contains a financial management component to assist potential homebuyers in understanding the financial requirements of buying a home.

- **Action Items to be Monitored.** *Results of the Initiative will be available in 2003.*
- d. Consider establishing a marketing campaign that promotes homeownership to the State's minority populations, specifically targeting African American and Hispanic homebuyers.
- **Action Items to be Monitored.** IHFA will work to evaluate the feasibility of establishing such a marketing campaign. If the decision is made to move forward with these marketing efforts, the Committee will assist in dissemination of materials and integrate the information into the Consolidated Plan public outreach process.
 - **Accomplishments.** *In 2001, IHFA ran billboard advertisements for its homeownership program. The three targeted groups were African-Americans, Hispanics and areas of the state where purchase price limits had been increased for the first time in seven years, as identified by a HOME funded study by the Indiana University Center for Real Estate Studies. The geographic areas for the billboards were South Bend/Elkhart, Bloomington and Evansville. The advertisements resulted in a significant increase in phone calls to the toll-free line. IHFA will likely place advertisements again during FY2002 in late spring or summer, but details have not been determined.*
- e. Continue using the Department of Commerce's (IDOC) Individual Development Account (IDA) program. This program provides a three to one match by the State (up to \$900 per year) to families at 150 percent of the poverty level who are trying to save money for a down payment on a home for themselves or a dependent.

- **Action Items to be Monitored.** The Committee will support legislative action for continuation of the IDA program and campaign for its reauthorization. In addition, designated Committee members will evaluate the effectiveness of the program, including making administrative funds available for the community development corporations that participate in the program. The members will report to the Committee on opportunities for leveraging CDBG and HOME funds and/or programs to support the IDA. Where needs are identified (e.g., target areas in the State where participation is underutilized), the Committee will work with program administrators to fulfill such needs.
 - **Accomplishments.** *The State Legislature reauthorized the program in mid-2001. As such, this program is ongoing. The “IDA Working Groups” that have been established to provide feedback to IDOC about the program from organizations that were awarded an account are also ongoing.*
- f. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize homeownership.
- **Action Items to be Monitored.** The Committee has been unable to address this action item during the 2000 and 2001 program years. However, the Committee believes this opportunity for funding should be explored. During FY2002, members of the Committee will evaluate the political climate for this action item and recommend a course of action.
 - **Accomplishments.** *This action item is ongoing. The Committee determined that this action item could be explored by the newly formed Interagency Council for the Homeless. FSSA, IACED, and ICHHI will work together and with the Council to evaluate the feasibility of this action item.*
- g. Use the Section 8 homeownership program to assist low income populations achieve homeownership.
- **Action Items to be Monitored.** *This program became available to the State’s citizens in January 2002. During program year 2002, the FSSA Coordinating Committee members will report on the implementation and success of the program.*

Goal 3. Promote livable communities and community redevelopment.

Citizens identified a number of community development concerns as detailed in the Housing and Community Development Needs section of the report. Survey respondents cited downtown revitalization and improvements in public infrastructure as top community needs. Forum attendees identified daycare for children and the elderly and assistance with infrastructure redevelopment costs, in addition to public transportation.

The Department of Commerce has recently taken a new approach to measuring the quality of life of the State's communities by employing a "livable communities" concept. IDOC defines livable communities as those that "actively and successfully serve the needs of their citizens; effectively connect people and places; and preserve, build upon, and invest in their economic, environmental, and human assets. To achieve this, livable communities plan and prepare for the future and form partnerships between the business, civic, government and not-for-profit sectors of the community." Thus, a livable community is one that encompasses, among other things, adequate transportation systems, good daycare services, and ample employment opportunities.

Because community development issues are often interconnected – e.g., inadequate employment opportunities can affect the commute citizens must endure to find a job – the Committee chose to address the community development concerns through the promotion and creation of livable communities. The strategies developed to accomplish Goal 3 include:

- a. Continue funding IDOC's Community Focus Fund (CFF), which uses CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of daycare and senior centers.
 - **Action Items to be Monitored.** IDOC will continue soliciting feedback from its grant recipients about the CFF program, including components of the program that could be modified to better meet the needs of Indiana's communities. This feedback will be compared to the community needs identified in the Consolidated Plan and, together, these measures will be used to evaluate the program annually, to ensure that program dollars are being allocated to their most productive use. Components of the CFF, including the scoring process, will be modified as needed to reflect the needs of communities.
 - **Accomplishments.** *This program is ongoing for 20002. During program year 2002, communities in the State received \$25 million in funding through the CFF. A variety of projects were funded, including: community and family service centers; a disabled adult facility; a head start center; fire stations and fire trucks; a library; senior centers; and stormwater, water and sewer infrastructure redevelopment projects. In addition, the CFF was used for historic preservation, downtown revitalization, and to subsidize affordable housing through infrastructure development.*
- b. Expand knowledge of a referral network to programs that complement the CFF and provide funding leverage. Examples of such funding sources include: the Indiana Department of Transportation (INDOT) public transit programs; the Indiana Department of Workforce Development (DWD) vocational and technical education programs; and programs funded by HUD's SuperNOFA.

- **Action Items to be Monitored.** *During program year 2002, the Consolidated Plan Coordinating Committee will compile a list of programs from which communities might benefit and, during the regional forums held as part of the 2003 planning process, inform communities about resources available to assist in meeting community needs (some of which are not eligible activities for the four HUD grants). During the 2002 program year strategic planning workshop, the Committee began compiling a list of potential programs. The list currently includes the 211 program, regional transportation systems (e.g., the Catch A Ride program in the southeast portion of the State), the State Board of Health 800 number, IUPUI Point of Entry, and one-stop employment centers through the Department of Workforce Development.*
- c. Continue funding IHFA's Housing from Shelters to Homeownership program, which provides funding for the entire continuum of housing needs of communities.
- **Action Items to be Monitored.** On an annual basis, IHFA will evaluate the current funding allocation of the Housing from Shelters to Homeownership program by comparing the number of units produced or rehabilitated, and/or dollar amounts available for production or rehabilitation, with the housing needs identified in the Consolidated Plan, to the extent that a renter/owner needs breakdown is available. The number and types of applications for the program will also be analyzed, since this measure of demand is also an indicator of need. The results of the evaluation will be used to establish priorities and goals for the upcoming program year.
 - **Accomplishments.** *This program will continue in FY2002. IHFA proposes to allocate more than \$14 million of HOME and CDBG funds to the Housing from Shelters to Homeownership program during FY2002. This program gives preferences to projects that meet the needs of their specific community and revitalize existing neighborhoods.*
- d. Continue the use of the planning and community development components that are part of the Planning Grants and Foundations programs funded by CDBG and HOME dollars. These programs provide planning grants to units of local governments and CHDOs to conduct market feasibility studies and needs assessments, as well as (for CHDOs only) predevelopment loan funding.
- **Action Items to be Monitored.** The Committee will evaluate the need for planning grants and related studies for local governments and CHDOs and consider allocating more CDBG and HOME dollars to such programs if significant gaps in this type funding are identified.
 - **Accomplishments.** *These programs are ongoing. During program year 2002, IHFA will consider increasing its proposed CDBG and HOME allocation to the Foundations program, which is currently expected to be \$1 million. This proposal is in response to increased demand for the program. During 2002, \$1.5 million of CDBG funds are proposed to fund the Community Focus Fund planning grant program.*

- e. Continue including rehabilitation of existing structures as a scoring preference for applications for the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
 - **Accomplishments.** The RHTC program provides incentives for rehabilitation through its competitive scoring system. The Housing from Shelters to Homeownership program has scoring criteria to encourage rehabilitation of existing structure. *These scoring preferences are continuing.* Additionally, the 2002 Qualified Allocation Plan (QAP) has set aside 8.3% of available annual RHTCs for developments that involve rehabilitation of currently occupied low income housing, developments otherwise in danger of being removed by a federal agency, and/or the conversion of existing market rate housing to affordable housing.
- f. Explore the feasibility of a statewide Fair Housing campaign.
 - **Action Items to be Monitored.** The Committee will work with Indiana Civil Rights Commission (ICRC) to examine the need for a statewide Fair Housing campaign and consider accepting proposals for funding fair housing activities. The feasibility of the program will be researched in program year 2000-01, with a potential implementation during program year 2002-02.
 - **Accomplishments.** *During program year 2001, the Fair Housing Task Force implemented a statewide fair housing campaign. Activities in 2001 mostly consisted of planning the campaign and hiring an advertising agency to design campaign billboards, transit displays, posters, and radio and television public service announcements. The billboards will be located on main arteries throughout the state leading into nonentitlement cities.*
- g. Continue to promote and encourage energy efficiency through the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
 - **Accomplishments.** The Rental Housing Tax Credit program continues to give scoring preferences for energy efficiency. The Housing from Shelters to Homeownership program includes points for the design of structure, quality of amenities, and energy efficiency. Applicants receive points for committing to specific design features, which include a variety of Energy Star rated appliances and building products.
- h. Continue working to reduce the environmental hazards in housing, including lead based paint risks.
 - **Action Items to be Monitored.** The Committee will support a team effort between IACED and IHFA to provide lead inspectors and assessors certification courses and training to grantees about the hazards of lead based paint and safe work practices.

- **Accomplishments.** *LACED and IHFA will continue their lead based paint training workshops during program year 2002. In spring 2002, certification and refresher courses will be held for lead inspectors, risk assessors, and lead supervisors. Also, during fall 2001, IHFA sponsored a lead based paint training conference conducted by the Environmental Management Institute.*

Goal 4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.

The Housing and Community Development Needs of the report discusses the need for investment in the State's human capital. Specifically, a recent study by the Indiana Economic Development Council found that for every 100 high-skill job openings, only 65 applicants were qualified. The need for job training and education has also been expressed in the community forums and surveys. The 2002 community survey showed a marked increase in the number of communities that reported decreases in jobs during the past year.

Along with the strategies to promote livable communities outlined in Goal 3, the State will:

- a. Continue the use of IDOC's Community Economic Development Fund (CEDF), which funds job training and infrastructure improvements in support of job creation for low to moderate income persons.
 - **Action Items to be Monitored.** IDOC will continue soliciting feedback from its grant recipients about the CEDF program, and continue to collect data on the number of jobs created from and beneficiaries of the CEDF program. This feedback will be compared to the community (especially employment) needs identified in the Consolidated Plan and, together, these measures will be used to evaluate the program annually, to ensure that program dollars are being allocated to their most productive use. Components of the CEDF, including the scoring process, will be modified as needed to reflect the needs of communities.
 - **Accomplishments.** *The program funding and evaluation process is continuing.*
- b. Explore using the CEDF to fund employer based skills training that is transferable.
 - **Action Items to be Monitored.** IDOC has evaluated the feasibility of implementing such a program and set aside \$2 million of CDBG funds for new and basic skill training.
 - **Accomplishments.** *Since implementation, the program has been very successful. This program will continue during 2002.* The training is targeted at those needing basic skills (including ESL); business and units of local government may receive program funds.

Goal 5. Strengthen and expand the State's continuum of care for persons who are homeless.

As detailed in the Special Needs section of the report, between 80,000 and 100,000 citizens in the State are estimated to be homeless at any one time. These individuals require a combination of housing and supportive services, ranging from health care to temporary shelters to job training, to address their needs. The State has been working to hard to integrate the continuum of care concept into program development, but this has proven to be a difficult task that requires more resources than originally available.

To further the continuum of care concept throughout the State, the Interagency Council for the Homeless has been recreated. The Council will also oversee implementation of the Homeless Management Information System (HMIS), required by the U.S. Congress to be part of continuums of care by 2003.

The strategies developed to accomplish Goal 5 include:

- a. Continue to submit an annual SuperNOFA application to fund continuum of care activities.
 - **Action Items to be Monitored.** The Committee will be responsible for ensuring that the State Continuum of Care application is submitted to HUD annually. This will be accomplished through the creation of the Continuum of Care Committee (CCC) to provide oversight and development of the application. In addition, the CCC will evaluate the ongoing effectiveness of the programs funded by the grant.
 - **Accomplishments.** *This action item is ongoing. An application will be submitted for FY2002.*
- b. Create regional continuum of care consortia to coordinate continuum of care activities and provide guidance on specific needs.
 - **Action Items to be Monitored.** *The Interagency Council for the Homeless will have as a priority organizing regional continuums of care.*
 - **Accomplishments.** *The former Continuum of Care Committee began this process through a series of conference call with key housing and service providers throughout the State. In March 2002, the Committee held two workshops – one to introduce the continuum of care concept and begin a regional approach, and the other to introduce the HMIS and its requirements.*
 - *IHFA gives scoring preferences to organizations that participate in the State HIV/AIDS Continuum of Care on its HOPWA applications.*
- c. Continue statewide nonprofit training provided by ICHHI for SuperNOFA grant applications.

- **Accomplishments.** *This activity is ongoing and will continue for the FY2002 SuperNOFA. ICHHI will hold a training workshop a few weeks after release of the SuperNOFA, in addition to visiting organizations throughout the State to conduct more tailored training.*
- d. Expand the funding available for shelter and transitional housing development in IHFA's Housing from Shelters to Homeownership program.
 - **Action Items to be Monitored.** IHFA will increase its goal during the calendar year for awarding funds for shelter and transitional housing through the Housing from Shelters to Homeownership program to \$3 million annually, from \$2.5 million.
 - **Accomplishments.** *In FY2001, the goal was not met because of lack of applications. The goal amount will remain for FY2002, with the potential for an increase if there is demand.*
- e. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.
 - **Action Items to be Monitored.** The Committee has been unable to address this action item during the 2000 and 2001 program years. However, the Committee believes this opportunity for funding should be explored. During FY2002, members of the Committee will evaluate the political climate for this action item and recommend a course of action.
 - **Accomplishments.** *This action item is ongoing. The Committee determined that this action item could be explored by the newly formed Interagency Council for the Homeless. FSSA, IACED, and ICHHI will work together and with the Council to evaluate the feasibility of this action item.*
- f. Continue working to improve the Family and Social Service Administration's (FSSA's) Emergency Shelter Grant (ESG) applications and scoring process to emphasize continuum of care services.
 - **Action Item.** During 1999, FSSA worked with ICHHI to improve its ESG application to focus more on continuum of care components of shelter development and operation.
 - **Accomplishments.** *The revised application is currently being used. FSSA will continue revisions of the application, if needed, to encourage shelter provider integration in continuum of care networks. For FY2002, the applications were revised to give a preference to transitional housing and shelters for the mentally ill, in response to needs expressed during the 2001 public forums.*

- g. Implement a Homeless Management Information System between 2002 and 2004.

- **Action Items to be Monitored.** *The Interagency Council for the Homeless will make this a priority during FY2002 and 2003. The Council will seek HUD funding for the implementation process. In addition, in 2004, ESG applications will require use of the HMIS.*

Goal 6. Strengthen the safety net of housing and services for special needs groups.

Special needs groups, including the homeless, need a combination of housing and community services to ensure quality of life. Section V of the report discusses the needs of special needs populations, and estimates the gaps in both housing and community services by population. The State recognizes that the needs of this group range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need.

In addition to many of the strategies listed for Goal 5, the strategies developed to accomplish Goal 6 include:

- a. Enhance resources such as FSSA's Shelter Plus Care grants that provide rental assistance for persons who are homeless and require enhanced supportive services (e.g., persons with mental illness or substance abuse).
- **Action Items to be Monitored.** The Shelter Plus Care program will provide tenant based rental assistance, and will be administered through the Community Action Agency network in the State. The current funding level will provide 60 vouchers for 5 years. The Committee will work to increase the amount of available resources for better assisting the State's special needs populations that are most difficult to serve.
 - **Accomplishments.** *The Shelter Plus Care program awards have been granted. Community Action of Northeast Indiana will receive \$900,000 over 5 years, which will produce approximately 50 vouchers for housing and utility payments. Populations to be served include persons who are homeless with substance abuse, who are living with HIV/AIDS, and who have mental illnesses.*
- b. Continue the Consumer Advisory Board (CAB) administered by the Department of Health to receive input on the needs of the State's population living with HIV/AIDS.
- **Accomplishments.** *CAB continues to be a program of the Indiana State Department of Health. IHFA attends CAB meetings regularly to provide members with an update on the HOPWA program and progress throughout the State. IHFA also solicits and receives feedback on the HOPWA program from CAB members.*
- c. Enhance technical assistance and planning activities of organizations serving special needs groups.

- **Accomplishments.** *Technical assistance and resource identification remain eligible activities under the HOPWA program. During IHFA's first year of administering the program, the majority of program sponsors focused on programs that directly supported clients' needs (housing and supportive services). HOPWA project sponsors are able to take advantage of IHFA sponsored training activities (e.g., provided by LACED). In addition IHFA staff are available upon request to provide technical assistance on housing development and accessing grant funds.*
 - *IHFA is in the process of working with an organization to conduct a statewide HIV/AIDS housing needs assessment. The needs assessment will help determine specific technical assistance and planning activities that are needed for organizations serving people with HIV/AIDS.*
 - *IHFA gives scoring preferences to organizations that participate in the State HIV/AIDS Continuum of Care on its HOPWA applications.*
- d. Continue IDOC's CFF funding for the development of health care facilities, public social service offices that work with special needs populations, and shelter workshop facilities, in addition to modifications to make facilities accessible to persons with disabilities.
 - **Action Items to be Monitored.** IDOC will continue soliciting feedback from its grant recipients about the CFF program, particularly grantees that have used the program to fund facilities for special needs groups. This feedback will be compared to the community needs identified in the Consolidated Plan and, together, these measures will be used to evaluate the program annually, to ensure that program dollars are being allocated to their most productive use. Components of the CFF, including the scoring process, will be modified as needed to reflect the needs of special needs groups in communities.
 - **Accomplishments.** *The use of CFF funds for facilities targeting special needs group is continuing. CFF funds may also be used to make modifications to bring buildings into ADA compliance. IDOC has also implemented community workshops to educate communities about how CFF funding can be used and to offer technical assistance. In FY2002, IDOC proposes to use \$500,000 of CFF dollars to fund special needs facilities, if there is demand for such use.*
- e. Continue to use HOPWA funding for tenant-based housing assistance, emergency assistance, and direct client support.
 - **Action Items to be Monitored.** Using feedback the care regions, IHFA will evaluate the allocation of funds between these three program areas on an annual basis. IHFA will adjust its program allocations to reflect the current needs of its care regions. Refer to Appendix G for more detail on the HOPWA allocation process.

- **Accomplishments.** *HOPWA has been used to provide tenant based rental assistance, short-term emergency assistance and supportive services this year. Indiana State Department of Health is the administering agency for Ryan White funds, which were used for medical services only in 2001.*
- f. Continue using IHFA's Housing from Shelters to Homeownership program for owner-occupied grant rehabilitation that can be used for home improvements that accommodate people with physical and developmental disabilities and the elderly.
 - **Action Items to be Monitored.** IHFA will evaluate and report annually to the Committee on the amount of funding and requests for funding from the Housing from Shelters to Homeownership program for grants for owner-occupied housing improvements, particularly those that assist special needs groups. IHFA will consider increasing the allocated funding in this area to the extent that the need for such dollars exceeds the current funding level.
 - **Accomplishments.** *This action item will continue in FY2002. IHFA currently gives preferences for developments that include units targeted to serve persons who are developmentally disabled in its Housing from Shelters to Homeownership program application. See the allocation plan in Appendix G for more details.*
- g. Explore the feasibility of a pilot home modification loan program that could also be used for physical adaptability.
 - **Action Items to be Monitored.** A designated Committee member will report on the feasibility of an owner-occupied home modification loan program to be considered by IHFA during 2000. If the program appears feasible, the Committee will explore assisting IHFA in expanding the program to non-entitlement areas or establishing its own program to serve these areas. The feasibility of the program will be evaluated in program years 2000-01, with a target period for implementation of 2002-04.
 - **Accomplishments.** *IHFA has been unable to identify a funding source for such a program.*
 - *The Indiana Institute on Disability and Community is currently conducting a "best practices" study on home modification programs in Indiana and other states. The information from this study will be shared with IHFA and the Committee.*
- h. Explore the HomeChoice program sponsored by Fannie Mae that allows more flexible underwriting guidelines for homeownership.
 - **Action Items to be Monitored.** IHFA submitted an application to Fannie Mae during 2000 for participation in the HomeChoice program. If the program is deemed successful, the Committee will assist IHFA in broadening the program throughout the State.

- **Accomplishments.** Fannie Mae approved IHFA's proposed HomeChoice program. During the pilot phase, HomeChoice will be offered in three counties: Bartholomew, Knox, and Marion. IHFA has earmarked \$1 million in revenues to finance the HomeChoice mortgages. If the program is successful, IHFA and its HomeChoice partners – Fannie Mae, Irwin Mortgage, and the Back Home in Indiana Alliance – will consider broadening the program throughout the State. *This program will continue during program year 2002.*
- i. Improve the integration of the Consolidated Plan and Analysis of Impediments processes.
- **Action Items to be Monitored.** The Committee will reexamine the current structure of the respective processes for completing the Consolidated Plan and Analysis of Impediments, including the communication between the Consolidated Plan Coordinating Committee and the Fair Housing Task Force. The Committee will work with the Fair Housing Subcommittee to ensure that the processes and reports are more integrated.
 - **Accomplishments.** During the 2000-01 program year, the Consolidated Plan Committee had regular updates from members of the Fair Housing Task Force about fair housing activities. The Committee also integrated the Consolidated Plan and Analysis of Impediments and worked together to gather citizen input on the planning processes. The Task Force and Committee will continue working together in the upcoming program year.
- j. Research the need for a central and comprehensive information source of programs to assist the state's citizens, especially those with special needs.
- **Action Items to be Monitored.** The Committee will examine the need for a statewide source of information on housing and community development programs available to citizens. If a need is determined, the Committee will work to establish such an information source, the type and scope of which will be determined through the research process.
 - **Accomplishments.** *During program year 2002, the Consolidated Plan Coordinating Committee will compile a list of programs from which communities might benefit and, during the regional forums held as part of the 2003 planning process, inform communities about resources available to assist in meeting community needs (some of which are not eligible activities for the four HUD grants). During the 2002 program year strategic planning workshop, the Committee began compiling a list of potential programs. The list currently includes the 211 program, regional transportation systems (e.g., the Catch A Ride program in the southeast portion of the State), the State Board of Health 800 number, IUPUI Point of Entry, and one-stop employment centers through the Department of Workforce Development.*

- k. Conduct a survey targeted to the State's migrant agricultural workers, to improve upon the data and knowledge about the housing and community development needs of this population.
- **Action Item to be Monitored.** As part of either the Consolidated Plan or Continuum of Care process, the Committee will administer a survey of the State's migrant farm worker population. The Committee will work with the Governor's Task Force on Migrant Farmworkers on information sharing and data collection, if feasible.
 - **Accomplishments.** The Committee has deferred this action item until 2002-2003, while auditing a report on migrant farm worker needs by the Governor's Commission on Hispanic and Latino Affairs.
 - *In June 2002, IACED is hosting the State's second annual Statewide Summit on Hispanic/Latino Affairs. The goal of the summit is to bring community leaders together to begin discussing the needs of the State's Hispanic and Latino residents. IACED will report on the results of the summit, including the perceived need for a comprehensive survey of migrant farmworker needs.*
 - *IHFA continues to dedicate a portion of Housing from Shelters to Homeownership program funding to rehabilitation and new construction of migrant farmworker housing. For program year 2002, IHFA proposes to dedicate \$500,000 of program funds to serve this need.*
- l. Seek input from organizations that work with special needs populations to guide funding and program formation, in an effort to ensure consistency between funding and the most current strategies being implemented to serve special needs groups.
- **Action Item to be Monitored.** The HUD grantee agencies will use input from special need groups to evaluate the projects they are funding and ensure that funds are being allocated to projects that have been found to best serve the needs of special populations. The agencies will also consider the requirements of the Olmstead Act when making project funding decisions.
 - *In addition, when the State prepares its next Analysis of Impediments to Fair Housing Choice, it will include a detailed examination of State funding (e.g., if funding has supported current strategies for providing housing and services to special needs populations.*
 - **Accomplishments.** During the FY2002 Consolidated Planning process, the Committee added two members who represent the communities of persons who are disabled. During program year 2002, the Committee will continue to seek input from these individual, as well as other organizations through the community survey and regional forums.

Goal 7. Enhance the local capacity for housing and community development.

The nonprofit community and local governments play a critical role as vehicles for the delivery of housing and community services, often with very limited funds. To continue to be effective in this role, the State recognizes that these entities require assistance with capacity building.

The strategies developed to accomplish Goal 7 include:

- a. Continue using CDBG funding for technical assistance, including accreditation and procurement training.
 - **Action Items to be Monitored.** IDOC will continue to solicit and evaluate feedback from its grant recipients about training needs, including a need for technical assistance with environmental issues. If a need is identified, an increase in the funding dedicated for a particular type of technical assistance will be considered.
 - **Accomplishments.** *During 2002, the grant administration assistance funded by IDOC will continue.*
- b. Continue providing funding for training and technical assistance in the pre-and post-application process for IHFA's programs. Also continue providing CHDO training and capacity building activities through the CHDO Works program.
 - **Action Items to be Monitored.** IHFA will continually evaluate the need for both training and technical assistance. If a need is supported, IHFA will continue to fund the programs to the extent allowed by the requirements of the funding source.
 - **Accomplishments.** *During program year 2002, training will continue.* IHFA supports training and technical assistance in many different ways. IHFA Community Development staff are encouraged to work with applicants and grantees to make application and grant implementation as straightforward as possible. Both the Development and Compliance staff conduct group workshops to cover general information, and staff are also available for one-on-one technical assistance sessions. Additionally, during 2000, IHFA entered into its second three-year contract with IACED to conduct a wide variety of training to expand the capacity of housing organizations throughout Indiana.
 - *During program year 2002, IHFA will continue to set-aside the maximum amount allowed under the HOME program for CHDO operating costs.* These operating funds are available to CHDOs through the CHDO Works program as well as to cover operating funds associated with construction-related projects.
- c. Continue providing HOPWA training and technical assistance sponsored by IHFA.
 - **Action Items to be Monitored.** *IHFA is currently providing site training upon request. This will continue in program year 2002.*

- d. Continue the statewide forum on grant applications sponsored by FSSA.
 - **Accomplishments.** *This training is held once a year when funding applications are released. It will continue in program year 2002.*
- e. Continue the technical assistance provided by the Indiana Technical Assistance Consortium.
 - **Action Items to be Monitored.** Currently, IACED and ICHHI form the Indiana Technical Assistance Consortium, which provides training, direct technical assistance, and capacity building funding to CHDOs. The Consortium will provide the Committee with feedback from the training sessions, in an effort to better evaluate the continued training needs of CHDOs.
 - **Accomplishments.** *Training and technical assistance are ongoing. IHFA is currently funding a variety of training and capacity building efforts including organization development and capacity building. These training sessions are comprehensive one-on-one, working sessions and can take between 12 to 18 months to complete.*
- f. Explore working with the Indiana Grantmakers Alliance to enhance their grant writing course.
 - **Action Items to be Monitored.** *The Committee will invite a representative from the Grant Making Alliance to attend a planning meeting to educate the Committee about the Alliance's services. The Committee may wish to involve the Alliance in future public forums.*
- g. Explore providing more direct training for ESG grantees.
 - **Action Items to be Monitored.** The ESG Committee representative will evaluate if grantees require additional training and technical assistance, and, if so, establish a training program based on those provided for the other HUD programs.
 - **Accomplishments.** *FSSA is currently in the process of planning upcoming training for ESG grantees; this will continue in 2002. The training may include cultural diversity and grant writing. In addition, when the HMIS is implemented statewide, ESG grantees will receive training on its operation.*
- h. Explore the creation of a core operating fund for not-for-profits.
 - **Action Items to be Monitored.** A team of Committee members will explore the feasibility of establishing a core operating fund (separate from those dollars currently provided by IHFA) for not-for-profit entities in the State that provide housing and community development services to the State's low income and special needs populations. This item is expected to be accomplished between years 2002 and 2003; the Committee will report on its progress annually.

- **Accomplishments.** *In late 2000, IACED began development of a statewide study to establish a strategic plan and identify system resources to support nonprofits on a statewide level. The study was funded through a private foundation and IDOC. The report is expected to be available in May 2003.*
- i. Explore the creation of a “training catalogue” for potential grantees that could be distributed at the Consolidated Plan regional forums.
- **Action Items to be Monitored.** The Committee has determined that providing a training catalogue would be very difficult because of the time required to keep it updated. In addition, it appears that other online, useful training catalogues currently exist to meet this need.

Strategies and Resources Matrix

Exhibit VI-2, below, shows how each of the five year Strategic Plan will be addressed through the four HUD grants.

Exhibit VI-2.
Strategy and Resources Matrix

2002 Program Year Goals	Consolidated Plan Programs			
	CDBG	ESG	HOME	HOPWA
1. Expand and preserve affordable rental housing opportunities	■		■	■
2. Enhance affordable homeownership opportunities	■		■	
3. Promote livable communities and community redevelopment	■		■	
4. Enhance employment development activities, particularly workforce development	■			
5. Strengthen and expand the state's continuum of care	■	■	■	■
6. Strengthen the safety net of housing and services for special needs groups	■	■	■	■
7. Enhance the local capacity for housing and community development	■	■	■	■

Source: BBC Research & Consulting from the Indiana Consolidated Plan Coordinating Committee.

One Year Action Plan

The Consolidated Plan Coordinating Committee’s detailed Action Plan is integrated into the strategy and action items portion of this section (see the “Action Items” following each strategy). The following exhibit quantifies the overall Action Plan for 2002 in terms of dollar amounts and measurable benchmarks.

The Consolidated Plan identifies the areas of greatest need for the State (and nonentitlement areas) in general, and this information is used to guide the funding priorities for each program year. However, the Plan is unable to quantify specific needs on the local level. For local needs, the Committee relies on the information presented in the funding applications.

The following projected dollar allocations and benchmarks, shown in Exhibit VI-4 on the following pages, are based on historical needs and funding allocations. These amounts are *not* a guarantee of funding allocations for the 2002 program year. The State's funding process is application driven; thus, program year funding ultimately depends on the types of needs identified by potential grantees in their applications. Therefore, the exhibit on the following page shows what the funding allocation is expected to be *if the applications for funding received during the current program year closely resemble those received in past years.*

Exhibit VI-4.
Monitoring Plan
Target Allocations and Benchmarks, Program Year 2002

Program/Funding Source	2002 Proposed Allocations	
	Dollars	Percent of Total Funding
Community Focus Fund (CDBG)		
Affordable Housing Infrastructure	\$300,000	1%
Community Centers / Family Service Centers	\$1,250,000	4%
Fire Stations / Equipment	\$2,000,000	6%
Historic Preservation	\$850,000	2%
Library / Lifelong and Early Learning Centers	\$1,400,000	4%
Neighborhood Revitalization	\$1,400,000	4%
Senior Centers	\$1,200,000	4%
Special Needs Facilities	\$500,000	1%
Water and Sewer Infrastructure	<u>\$16,000,000</u>	<u>47%</u>
Total	\$24,900,000	73%
Community Economic Development Fund (CDBG)	\$4,000,000	12%
Planning Grants (CDBG)		
Historic Rehabilitation / Preservation	\$350,000	1%
Limited Clientele Facilities	\$80,000	0%
Senior Centers / Community Centers / Trails	\$225,000	1%
Water and Sewer Infrastructure	<u>\$850,000</u>	<u>2%</u>
Total	\$1,505,000	4%
Technical Assistance (CDBG)	\$400,000	1%
Brownfield Initiative (CDBG)	\$1,000,000	3%
Planning Fund	\$1,600,000	5%
Administration	\$850,000	2%
Emergency Shelter Grants (ESG)		
Essential Services	\$344,000	20%
Shelter Operations	\$1,160,000	66%
Homeless Prevention	\$182,000	10%
Administration	<u>\$63,000</u>	<u>4%</u>
	\$1,749,000	100%

ESG dollars are estimated to support 3,400 beds and more than 25,000 clients.

Exhibit VI-4. (continued)
Monitoring Plan
Target Allocations and Benchmarks, Program Year 2002

Program/Funding Source	2002 Proposed Allocations	
	<i>Dollars</i>	<i>Percent of Total Funding</i>
<i>Housing from Shelters to Homeownership (HOME/CDBG)</i>		
Emergency Shelters	\$500,000	2%
Youth Shelters	\$500,000	2%
Transitional Housing	\$1,500,000	7%
Migrant Farmworker Housing	\$500,000	2%
Rental Units	\$3,100,000	14%
Homebuyer Units	\$2,142,300	10%
Owner Occupied Rehabilitation	\$3,900,000	18%
Homeownership Counseling / Down Payment Assistance	<u>\$2,000,000</u>	<u>9%</u>
	\$14,142,300	66%
<i>CHDO Works (HOME)</i>	\$660,000	3%
<i>HOME/RHTC</i>	\$4,000,000	19%
<i>Administration</i>	\$1,644,700	8%
<i>Foundations (HOME/CDBG)</i>		
CHDO Predevelopment Loans	\$300,000	1%
CHDO Seed Money Loans	\$200,000	1%
Housing Needs Assessments	\$350,000	2%
Site-Specific Feasibility Studies	<u>\$150,000</u>	<u>1%</u>
	\$1,000,000	5%
Total	\$21,447,000	100%
<i>Housing for People with AIDS (HOPWA)</i>		
Regional Allocation		
Region 1	\$210,000	29%
Region 2	\$99,000	14%
Region 3	\$95,000	13%
Region 4	\$36,000	5%
Region 5	\$26,000	4%
Region 6	\$42,000	6%
Region 8	\$57,000	8%
Region 9	\$27,000	4%
Region 10	\$53,000	7%
Region 11	\$12,000	2%
Region 12	<u>\$73,000</u>	<u>10%</u>
	\$730,000	100%

FY2002 HOPWA funds are projected to result in 229 units of short-term and 134 of long-term rental assistance.

Note: Refer to Appendix G for the proposed FY2002 HOPWA Allocation.

Source: Agency Allocation Plans, 2002.

Exhibit VI-5 on the following page, which is HUD's Table 2A, shows the State's overall priority needs by population type. The number of households with unmet needs was calculated by applying the percentages of households (estimated in 1990 CHAS data) who are severely cost burdened to 2000 Census data. Exhibits VI-6 and VI-7, which follow Exhibit VI-5, show the prioritization of housing and community development activities for FY2002.

Exhibit VI-5.

HUD Table 2A, Priority Needs Summary Table FY2002 – FY2004

<i>Priority Housing Needs (Households)</i>	<i>Income Category</i>	<i>Unmet Need</i>
<i>RENTER</i>		
Small Related	0-30%	32,620
	31-50%	3,953
	51-80%	<100
Large Related	0-30%	7,129
	31-50%	516
	51-80%	<100
Elderly	0-30%	14,699
	31-50%	5,958
	51-80%	1,126
All Other	0-30%	25,676
	31-50%	6,958
	51-80%	<500
<i>OWNER</i>		
Elderly	0-30%	14,068
	31-50%	3,004
	51-80%	785
Non-Elderly	0-30%	3,057
	31-50%	2,086
	51-80%	1,153

Source: BBC Research & Consulting, CHAS data.

Exhibits VI-6 and VI-7 on the following pages show the State's community development and housing priorities for FY2002.

**Exhibit VI-6.
Community
Development Needs,
Priorities for FY2002**

Source:
Indiana Department of Commerce.

Priority Community Development Needs	Need Level
Public Facility Needs	
Neighborhood Facilities	Medium
Parks and/or Recreation Facilities	Medium
Health Facilities	Medium
Parking Facilities	Low
Solid Waste Disposal Improvements	Medium
Asbestos Removal	Medium
Non-Residential Historic Preservation	Low
Other	Medium
Infrastructure	
Water/Sewer Improvements	High
Street Improvements	Medium
Sidewalks	High
Sewer Improvements	High
Flood Drain Improvements	High
Other Infrastructure Needs	Medium
Public Service Needs	
Handicapped Services	High
Transportation Services	Medium
Substance Abuse Services	Low
Employment Training	High
Health Services	Medium
Other Public Service Needs	Medium
Anti-Crime Programs	
Crime Awareness	Low
Other Anti-Crime Programs	Low
Youth Programs	
Youth Centers	Medium
Child Care Centers	Medium
Youth Services	Low
Child Care Services	Low
Other Youth Programs	Medium
Senior Programs	
Senior Centers	High
Senior Services	Medium
Other Senior Programs	Medium
Economic Development	
Rehab of Publicly or Privately-Owned Commercial/Industrial	Medium
CI Infrastructure Development	High
Other Commercial/Industrial Improvements	Medium
Micro-Enterprise Assistance	Low
ED Technical Assistance	High
Other Economic Development	Medium
Planning	
Planning	High

**Exhibit VI-7.
Housing Needs,
Priorities for FY2002**

Source:
Indiana Housing Finance Authority.

Priority Housing Needs	Priority Need Level	
	Percentage	Need Level
<i>Renter</i>		
Small and Large Related	0-30%	High
	31-50%	High
	51-80%	Medium
Elderly	0-30%	High
	31-50%	High
	51-80%	Medium
All Other	0-30%	High
	31-50%	High
	51-80%	Medium
<i>Owner</i>		
Owner Occupied	0-30%	High
	31-50%	High
	51-80%	Medium
Homebuyer	0-30%	Medium
	31-50%	High
	51-80%	High
<i>Special Populations</i>	0-80%	High

Institutional Structure

Many firms, individuals, agencies and other organizations are involved in the provision of housing and community development in the State. Some of the key organizations within the public, private and not-for-profit sector are discussed below.

Public Sector. Federal, state and local governments are all active in housing policy. At the federal level, two primary agencies exist in Indiana to provide housing: the U.S. Department of Housing and Urban Development (HUD) and Rural Economic Community Development (RECD). HUD provides funds statewide for a variety of housing programs. RECD operates mostly in non-metropolitan areas and provides a variety of direct and guaranteed loan and grant programs for housing and community development purposes.

In addition to these entities, other federal agencies with human service components also help assist with housing, although housing delivery may not be their primary purpose. For example, both the Department of Health and Human Services and the Department of Energy provide funds for the weatherization of homes. Components of the McKinney program for homeless assistance are administered by agencies other than HUD.

At the State level, the Indiana Housing Finance Authority (IHFA) is the lead agency for housing in the State. It coordinates the Mortgage Revenue Bond (MRB) and the Mortgage Credit Certificates (MCC) first time homebuyer programs through its First Home program, administers the State's allocation of Rental Housing Tax Credits and is responsible for the non-entitlement CDBG dollars dedicated to housing, the Indiana Low Income Housing Trust Fund, and non participating jurisdiction HOME monies. IHFA is also the grant administrator for HOPWA. Finally, IHFA is currently a HUD designated Participating Administrative Entity for expiring use contracts and an approved contract administrator of certain project-based Section 8 contracts.

The Indiana Family and Social Services Administration administers the Emergency Shelter Grant programs and coordinates the State's tenant-based Section 8 program through a contract with community action agencies. It also administers the Medicaid CHOICE program, the child care voucher program, and other social service initiatives, and is the lead agency overseeing State institutions and other licensed residential facilities. FSSA is the focal point for policies that integrate housing with the provision of social services.

The Indiana Department of Commerce is the main agency involved in community and economic development and related programs. It administers the State's CDBG program, a portion of which has been designated for affordable housing purposes since 1989. IDOC also administers the Neighborhood Assistance program and the Individual Development Account program, which provides first time homebuyer downpayment assistance.

The Indiana Department of Health coordinates many of the State's programs relating to persons living with HIV/AIDS and also administers the State's blood screening program for lead levels in children.

Other State agencies that are involved in housing and community development issues include the Indiana Civil Rights Commission through Fair Housing enforcement, the Indiana Division of Historic Preservation and Archaeology, the Indiana Department of Workforce Development, the Indiana Department of Transportation, and the Indiana Department of Corrections.

Communities throughout Indiana are involved in housing to greater or lesser degrees. Entitlement cities and participating jurisdictions are generally among the most active as they have direct resources and oversight of for housing and community development.

Private Sector. A number of private sector organizations are involved in housing policy. On an association level, Indiana Realtors Association, Indiana Homebuilders Association, Indiana Mortgage Bankers Association and other organizations provide input into housing policy. Private lending institutions are primarily involved in providing mortgage lending and other real estate financing to the housing industry. Several banks are also active participants in IHFA's First Home program.

Fannie Mae funds programs such as HomeChoice, which provides flexible underwriting criteria on conventional mortgages to persons with disabilities. The Federal Home Loan Bank (FHLB) and its member banks in Indiana provide mortgage lending as well as participate in FHLB's Affordable Housing Program.

The private sector is largely able to satisfy the demands for market rate housing throughout the State. It is difficult for the private market to respond to the housing needs of the State's lowest income and special needs populations without some type of public subsidy.

Not-for-Profit Sector. Many not-for-profit organizations or quasi-governmental agencies are putting together affordable housing projects and gaining valuable experience in addressing housing needs on a local level.

The State now has 85 organizations certified as Community Housing Development Organization (CHDOs) – a marked increase from the 39 that were certified in 1995 (when the first five year plan was written). Sixty-seven of the CHDOs currently certified serve or anticipate doing projects in the State's nonentitlement communities. Every county in the State except for one (Clay County) is now within a service area of at least one State certified CHDO.

Community action agencies administer the Section 8 program under contract to FSSA. There are currently 24 community action agencies in the State; 18 of the agencies administer Section 8. Most of the agencies also administer weatherization and energy assistance programs.

The State has an active network of community development corporations, many of which have become increasingly focused on housing issues. These organizations are engaged in a variety of projects to meet their communities' needs, from small scale rehabilitation programs to main street revitalization. The projects undertaken by community development corporations are often riskier and more challenging than traditional development projects.

Public housing authorities exist in the major metropolitan areas and in small to medium sized communities throughout the State. These entities now can apply for HOME monies directly through IHFA's Housing from Shelters to Homeownership program.

The State also has several umbrella organizations that advocate for state policies and organize housing and community development activities at the state level. The Indiana Association for Economic and Community Development is a membership organization for the State's housing and community development nonprofits and provides top level policy coordination, as well as training and technical assistance. The Indiana Coalition on Housing and Homeless Issues is instrumental in development and implementation of the State's policies for persons who are homeless.

Many not-for-profit organizations have become more actively engaged in delivering social services. Community mental health centers, religious and fraternal organizations and others provide support in the form of counseling, food pantries, clothing, emergency assistance, and other activities. The State's 16 Area Agencies on Aging have also become more involved in housing issues for seniors.

Overcoming Gaps. Several gaps exist in the above housing and community development delivery system, especially for meeting the need for affordable housing. The primary gaps include:

- Lack of coordination and communication. Many social service providers, local business leaders and citizens continually express frustration about not knowing what programs were available and how to access those programs. Without full knowledge of available programs, it is difficult for some communities to know where to start to address their

housing needs. The Committee continues to address this gap through distribution of information about resources at the annual regional public forums and including agency presentations as part of the forums' content.

- Lack of capacity for not-for-profits to accomplish community needs. In many communities, the nonprofits are the primary institutions responsible the delivery of housing and community development programs. These organizations function with limited resources, and seldom receive funding designated for administrative activities. The Committee will address this gap after the IACED research better identifies what resources are needed.

Many of the strategies and actions presented in the this section are designed to address the gaps noted above. Specific initiatives include expanded training and technical assistance for nonprofits and local governments, strengthening capacity building of nonprofits through a statewide strategic plan, and offering program dollars for affordable housing and community development.

Barriers to Affordable Housing. See the Housing Market Analysis section of the report for a discussion of barriers to affordable housing.

Lead-Based Paint Hazards. See the Housing Market Analysis section of the report for a discussion of lead based paint hazards and related programs and policies.

Anti-Poverty Strategy

The State of Indiana does not yet have a formally adopted, statewide anti-poverty strategy. In a holistic sense, the entirety of Indiana's Consolidated Plan Strategy and Action Plan is anti-poverty related because a stable living environment is also a service delivery platform. However, many of the strategies developed for the FY2000 five year plan (specifically goals 3 and 4) directly assist individuals who are living in poverty.

Indiana has a history of aggressively pursuing job creation through economic development efforts at the state and local levels. This emphasis on creating employment opportunities is central to a strategy to reduce poverty by providing households below the poverty level with a means of gaining sustainable employment.

Other efforts are also needed to combat poverty. Many of the strategies outlined in the Consolidated Plan are directed at providing services and shelter to those in need. Once a person has some stability in a housing situation it becomes easier to address related issues of poverty and provide resources such as child care, transportation and job training to enable individuals to enter the workforce. Indiana's community action agencies are frontline anti-poverty service providers. They work in close cooperation with State agencies to administer a variety of State and federal programs.

Education and skill development is an important aspect of reducing poverty. Investment in workforce development programs and facilities is an important step to break the cycle of poverty. Finally, there continue to be social and cultural barriers that keep people in poverty. Efforts to eliminate discrimination in all settings are important. In some cases, subsidized housing programs are vital to ensure that citizens have a safe and secure place to live.

Obstacles to Meeting Needs

The Committee faces a number of obstacles in meeting the needs outlined in the FY2002 Consolidated Plan Update:

- The housing and community needs are difficult to measure and quantify on a statewide level. The Consolidated Plan uses both qualitative and quantitative data to assess statewide needs. However, it is difficult to reach all areas of the State in one year, and the most recent data measures in some cases are a few years old. Although the Committee makes a concerted effort to receive as much input and retrieve the best data as possible, it is difficult to quantify needs on the local level. Therefore, the Committee must also rely on the number and types of applications as a measure of housing and community needs.
- The ability of certain program dollars to reach citizens is limited by the requirement that applications for funding must come from units of local government or nonprofit entities. Thus, if these entities do not perceive a significant need in their communities they may not apply for funding.
- Finally, limitations on financial resources and internal capacities at all levels can make it difficult for the State to fulfill the housing and community development needs of its communities.

Action Plan Matrices

A matrix that outlines the Consolidated Plan Strategies and Action Items for program years 2002-2004 follows. Also included is an updated matrix showing the FY2001 Action Items and accomplishments developed as a results of the 2001 State of Indiana Analysis of Impediments to Fair Housing Choice.

*Exhibit VI-8.
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items*

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
I. Expand affordable rental housing opportunities	a. Continue funding IHFA's Housing from Shelters to Homeownership program	Evaluate annually how the program meets identified housing needs (based on number of or dollars dedicated to units produced and rehabilitated)	X	X	X	Sheryl Sharpe, IHFA	Funding continuing
	b. Continue using Rental Housing Tax Credits to develop affordable housing	Evaluate annually how the program meets identified housing needs (based on number of or dollars dedicated to units produced and rehabilitated).	X	X	X	Sheryl Sharpe, IHFA	Funding continuing. Campaign for increased amount of credit was successful.
	c. Explore the option of using TANF dollars to subsidize rental housing	Assess the feasibility; recommend to Committee how to proceed; design and implement the program	X	X	X	IACED, FSSA, , ICHHI, Interagency Council for the Homeless	The Committee will test the political climate for pursuing this action item during FY2002.
	d. Continue to preserve existing Section 8 and other expiring use properties through IHFA's work as a Participating Administrative Entity (PAE). Also, if selected as a PBRA, use this role to enhance the link between expiring use properties and the preservation of affordable units.	Report to Committee IHFA's accomplishments as a PAE annually	X	X	X	Sheryl Sharpe, IHFA	Activities are ongoing. For FY2002, IHFA will remain a PAE and Section 8 contract administrator.
	e. Continue the use of ICHHI's OTAG program to assist displaced Section 8 tenants find new affordable units	Educate the Committee about the program and how to take advantage of it and similar opportunities to assist clients	X	X		ICHHI	During the public forums in FY2003, the Committee will distribute information about the OTAG program to citizens.

Exhibit VI-8., (continued)
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
Enhance affordable II. homeownership opportunities	a. Continue funding IHFA's Housing from Shelters to Homeownership program	Evaluate annually how the program meets identified housing needs (based on number of or dollars dedicated to homeownership for low and moderate income citizens)	X	X	X	Sheryl Sharpe, IHFA	Funding continuing
	b. Continue funding IHFA's First Home program, which uses MRB and MCC to provide interest rate subsidies and down payment assistance	Evaluate annually how the program meets identified housing needs (based on number of or dollars dedicated to homeownership for low and moderate income citizens)	X	X		Sheryl Sharpe, IHFA	Funding continuing
	c. Explore the feasibility of establishing a statewide homebuyer counseling program	Work with IHFA to evaluate the need for the program. If a need is identified, assist IHFA in marketing of the program, especially to targeted populations	X	X	X	Sheryl Sharpe, IHFA	IACED, with funding from IHFA, is conducting the Homeownership Education & Counseling Initiative (HomeEC). The purpose of HomeEC is to determine the need for a statewide homeownership counseling program.
	d. Consider establishing a marketing campaign that promotes homeownership to the state's minority populations, specifically targeting African American and Hispanic homebuyers	Work with Fair Housing Task Force in consideration and potential implementation of such a campaign.	X	X		Sheryl Sharpe, IHFA	In FY2001, IHFA ran billboard advertisements promoting its homeownership program to minority homebuyers. Planning for FY2002 billboard advertisements is ongoing.
	e. Continue using the Individual Development Account program	Evaluate the effectiveness of the program; assist with program needs; support legislative renewal	X	X	X	IDOC, IACED	State legislature reauthorized funding for program. IACED has convened "IDA Working Groups" to provide feedback on the program.
	f. Explore the option of using TANF dollars to subsidize rental housing	Assess the feasibility; recommend to Committee how to proceed; design and implement the program	X	X	X	IACED, FSSA, , ICHHI, Interagency Council for the Homeless	The Committee will test the political climate for pursuing this action item during FY2002.
	g. Use the Section 8 homeownership program to assist low income populations achieve homeownership.	Monitor the success of the new program in assisting the targeted populations.	X	X		FSSA	FY2003 action item.

Exhibit VI-8., (continued)
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
III. Promote livable communities and community redevelopment	a. Continue funding the Community Focus Fund (CFF), which uses CDBG dollars for community development projects	Evaluate annually how the program meets identified community development needs (based on number of or dollars dedicated to certain activities); modifying compenents as needed	X	X	X	IDOC	Funding continuing
	b. Expand knowledge of a referral network to programs that complement the CFF and provide funding leverage (e.g., IDOT, DWD programs)	Compile a list of regional and statewide programs that address needs identified in public forums that are ineligible activities for Con Plan funding. Share the list with participants in the 2003 regional forums.	X	X	X	Committee	The list has been started and will be expanded upon during FY2002.
	c. Continue funding IHFA's Housing from Shelters to Homeownership program	Evaluate annually how the program meets identified housing needs (based on number of or dollars dedicated to units produced and rehabilitated)	X	X	X	Sheryl Sharpe, IHFA	Funding continuing
	d. Continue the use of the planning and community development components of the CFF and Foundations programs	Annually evaluate the need for planning grants and related studies for local governments and CHDOs and consider allocating more CDBG and HOME funds to these programs if significant gaps are identified	X	X	X	IDOC and IHFA	CFF and Foundations will continue to fund at current levels. During FY2002, IHFA will consider an increase in funding dedicated to the Foundations program.
	e. Continue including rehabilitation of existing structures as a scoring preference for applications for the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs		X	X	X	Sheryl Sharpe, IHFA	Will continue scoring preference.
	f. Explore the feasibility of a statewide Fair Housing campaign	Work with IHFA to determine the need for such a campaign and consider accepting proposals for Fair Housing activities	X			Fair Housing Task Force	FH Task Force received a grant to implement the campaign. Will also translate existing materials into Spanish.
	g. Continue to promote and encourage energy efficiency through the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs		X	X	X	Sheryl Sharpe, IHFA	Program is continuing.
	h. Continue working to reduce the environmental hazards in housing, including lead based paint risks	Support a team effort between IACED and IHFA to provide training to grantees, particularly those conducting rehabilitation, about lead based paint hazards, if such an effort is deemed feasible				IACED, IHFA	Lead based paint training workshops will continue during FY2002.

Exhibit VI-8., (continued)
 Strategies and Action Matrix,
 FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
IV. Enhance employment development activities	a. Continue the use of the Community Economic Development Fund (CEDF), which funds job training and infrastructure improvements in support of job creation	Evaluate annually how the program meets identified community development needs (based on number of or dollars dedicated to workforce development activities)	X	X	X	IDOC	Program is continuing.
	b. Explore using the CEDF to fund employer based skills training that is transferable	Evaluate the feasibility of such a program; make recommendations to the Committee of how to proceed; design and implement program	X	X	X	IDOC	Have set aside \$2 million in new and basic training and \$2 for related economic development activities (e.g., infrastructure development). Program has been very successful.

Exhibit VI-8., (continued)
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
Strengthen and expand V. the state's continuum of care	a. Continue to submit an annual SuperNOFA application to fund Continuum of Care activities	Create a Continuum of Care Committee (CCC) to provide oversight and development of the Continuum of Care application and evaluate the ongoing effectiveness of funded programs	X	X	X	Continuum of Care Committee	Continuum of Care Committee has been formed and is working on the application for FY2002.
	b. Encourage the formation of regional continuum of care consortia to coordinate continuum of care activities	Work to establish a successful network of continuum of care providers for all identified regions in the state	X	X	X	Continuum of Care Committee	Continuum of Care Committee held two workshops in early 2002 to further establishment of regional continuums. The Interagency Council for the Homeless will provide assistance in FY2002.
	c. Continue statewide nonprofit training provided by ICHHI for SuperNOFA grant applications		X	X	X	ICHHI	Continuing.
	d. Expand the funding available for shelter and transitional housing development in IHFA's Housing from Shelters to Homeownership program	IHFA will increase funding for shelters and transitional housing through the program from \$2.5 million to \$3 million	X			IHFA	In calendar year 2001, the goal was not met because of lack of applications. Goal will remain for FY2002.
	e. Explore the option of using TANF dollars to subsidize rental housing	Assess the feasibility; recommend to Committee how to proceed; design and implement the program	X	X	X	IACED, FSSA, , ICHHI, Interagency Council for the Homeless	The Committee will test the political climate for pursuing this action item during FY2002.
	f. Continue to work to improve the FSSA ESG application and scoring process to emphasize continuum of care services	FSSA to continue revisions to the application, if needed, to encourage shelter provider integration into continuum of care networks				FSSA	Application has been revised for FY2002 to include preferences for transitional housing and shelters for the mentally ill (based on comments from the public forums).
	g. Implement a Homeless Management Information System (HMIS) between 2002 and 2004.	Coordinate with shelters and service providers to implement a statewide HMIS.	X	X	X	Continuum of Care Committee; Interagency Council for the Homeless	Planning and education of providers began in early 2002. Implementation will occur during 2002 and 2003.

Exhibit VI-8., (continued)
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
Strengthen the safety net of housing and services for special needs groups	a. Enhance resources such as FSSA's Shelter Plus Care grants that provide rental assistance for people who are homeless or difficult to serve	Work to increase the amount of available resources for better assisting the state's special needs populations that are difficult to serve	X			FSSA	Shelter Plus Care award was granted in early 2002.
	b. Continue the Consumer Advisory Board (CAB) monitored by AIDServe and the Department of Health	Report to the Committee annually on feedback from the CAB	X	X	X	Lisa Coffman, IHFA	CABs (an ISDH program) are ongoing. IHFA attends CAB meetings regularly to provide members with an update on the HOPWA program.
	c. Enhance technical assistance and planning activities of organizations serving special needs groups	Improve technical assistance opportunities; increase training for service providers (see full Plan for specific items)	X	X	X	Lisa Coffman, IHFA	Technical assistance is an eligible activity under HOPWA. Funding is demand based.
	d. Continue CFF funding for the development of facilities or modifications to existing buildings that benefit special needs populations and/or are required by ADA	Evaluate annually how the program meets identified needs of special populations	X	X	X	IDOC	Funding continuing
	e. Continue to use HOPWA funding for tenant-based housing assistance, rental assistance, and direct client support	Evaluate the allocation of funds between the three program areas annually	X	X	X	Lisa Coffman, IHFA	HOPWA has been used to provide TBRA, emergency assistance, and supportive services in FY2001. This will continue in FY2002.
	f. Continue using IHFA's Housing from Shelters to Homeownership program for owner occupied rehabilitation	Evaluate annually how the program meets identified housing needs of special populations, especially as related to owner occupied rehabilitation	X	X	X	Sheryl Sharpe, IHFA	Funding continuing
	g. Explore the feasibility of a pilot home modification program that could be used for physical adaptability	Research the feasibility of a owner occupied home modification program that could be utilized by special needs groups; consider developing a program, especially targeted at nonentitlement areas	X	X	X	Sheryl Sharpe, IHFA	IHFA has been unable to identify a funding source for the program. The IN Institute on Disability and Community is examining the best practices in home modification programs; results will be used by the Committee to assess the feasibility of such a program.
	h. Explore the Home Choice program sponsored by Fannie Mae that allows more flexibility in underwriting guidelines for homeownership	Apply to Fannie Mae for participation in the HomeChoice program; if funded, evaluate pilot phase and potential expansion of the program	X			Sheryl Sharpe, IHFA	Received \$1 million for the pilot program. Program will be continued in FY2002.

Exhibit VI-8., (continued)
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
VI. Continued.	i. Improve the integration of the Consolidated Plan and Analysis of Impediments processes.	Reexamine the current structure of the processes for completing the Con Plan and AI; ensure that the reporting processes are more closely integrated	X	X	X	Committee	Have reorganized processes for 2000 five year plan and annual updates.
	j. Research the need for a central, comprehensive information source of programs to assist the state's citizens, especially those with special needs	Examine the need for a comprehensive statewide source of information about such programs	X			Committee	The recently implemented 211 system and other guides appear to be serving this need. Information about the 211 system will be distributed at FY2002 public forums.
	k. Conduct a survey targeted to the state's migrant agricultural workers, to improve upon the knowledge about the needs of this population	Administer a survey of the state's migrant farm worker population	X			ROI, IACED	This item has been deferred pending a new report by the Governor's Commission on Hispanic & Latino Affairs which will address migrant farmworker needs.
	l. Seek input from organizations that work with special needs populations to guide funding and program formation.		X	X	X	Committee	This action item was implemented during the FY2002 planning process with the addition of new committee members and will continue.

Exhibit VI-8., (continued)
Strategies and Action Matrix,
FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
VII. Enhance the local capacity for housing and community development	a. Continue using CDBG funds for technical assistance.	Determine the need for technical assistance and training, especially as related to environmental issues. If a need is identified, increase funding in these areas	X			IDOC	Program is continuing.
	b. Continue providing funding for application training and technical assistance and CHDO training and capacity building activities	IHFA will evaluate the need for both training and technical assistance and continue to fund these programs to the extent allowed by the requirements of the funding source	X	X	X	Sheryl Sharpe, IHFA	Training is continuing.
	c. Continue providing HOPWA training and technical assistance	Improve technical assistance opportunities; increase training for service providers (see full Plan for specific items)	X	X	X	Lisa Coffman, IHFA	Currently provide training to potential grantees upon request.
	d. Continue the statewide forum on grant applications sponsored by FSSA		X	X	X	FSSA	Program is ongoing. The forums are conducted once a year, after the applications are released.
	e. Continue the technical assistance provided by the IN Technical Assistance Consortium	Evaluate the needs of CHDOs through feedback from training provided by the IN Technical Assistance Consortium	X	X	X	IACED	Ongoing.
	f. Explore working with the IN Grant Making Alliance to enhance their grant writing course, especially for Continuum of Care applicants	Learn about and educate the Committee on the Grant Making program, particularly how it might be used to enhance the technical assistance needed by Continuum of Care applicants	X			Committee	During FY2002, the Committee will invite a representative from the Grant Making Alliance to a planning meeting.

Source: BBC Research & Consulting.

Exhibit VI-8., (continued)
 Strategies and Action Matrix,
 FY2000 Five-Year Plan, FY2002 – 2004 Action Items

Goals	Strategies	Action Items	2002	2003	2004	Committee Member(s) Assigned to Task	FY2002 Progress
VII. Continued.	g. Explore providing more direct training for ESG grantees	Evaluate if grantees require additional training and technical assistance and, if so, establish a training program based on those provided by other HUD programs				FSSA	Training for FY2002 is in the planning stages and could include grantwriting, HMIS training, and diversity training.
	h. Explore the creation of core operating fund for not-for-profits	Explore the feasibility of establishing a core operating fund for not-for-profit entities in the state the provide housing and community development services to the state's low income and special needs populations	X			IACED, ICHHI	Currently conducting a capacity building study for state's CD nonprofits. Goal of study is to develop a business plan and identify system resources of supporting nonprofits on a statewide level. Results will be available in 2002.
	i. Explore the creation of a training catalogue for potential grantees	Evaluate if there is a current comprehensive listing of the training and technical assistance opportunities available to localities. If not, consider establishing such an information source.				IACED, Committee	This need appears to have been fulfilled by online guides.

Exhibit VI-9.
Year 2000 – 2001 Action Plan

<i>A. Action Task – Establish of a statewide verification and documentation process for complaints</i>	<i>Activities</i>	<i>Accomplishments</i>
<p>Goal To develop a strategy for the networking of statewide agency fair housing complaints with ICRC.</p> <p>Output Measures Completion of strategy to network the complaint database with other agencies.</p>	<ul style="list-style-type: none"> ■ ICRC will work to complete their data entry of complaint information to prepare for the community sharing and processing of statewide data. ■ ICRC will develop a strategy for the networking of complaint information with other agencies. 	<ul style="list-style-type: none"> ■ The database to receive and process statewide housing discrimination complaint information has been designed. A description and a prototype of that data is attached to this section. ■ Deputy Director Bruce Jefferson addressed the Indiana Consortium of State & Local Human Rights Agencies to obtain their willingness to participate in this effort and to train them in the process for submitting complaint information.

<i>B. Action Task – Continue to monitor the progress of equal access to housing in the state</i>	<i>Activities</i>	
<p><i>Goal</i></p> <p>To enhance the Statewide Fair Housing Committee efforts throughout Indiana</p> <p><i>Output Measures</i></p> <p>Increase non-entitlement area representatives on the Indiana Fair Housing Task Force by 10 percent.</p>	<p><i>Indiana Fair Housing Task Force</i></p> <ul style="list-style-type: none"> ■ Target representatives from non-entitlement communities and under-represented segments of the housing industry to become members of the task force 	<ul style="list-style-type: none"> ■ Twelve new members have been recruited to the Fair Housing Task Force (FHTF). Half of these (6) are either from non-entitlement communities and /or under-represented segments of the housing industry. Those members include: <p>Southern Indiana Rehabilitation Services – Troy Human Relations Commission – Marion Rural Rental Housing Association – Decatur Housing Authority – Michigan City Human Rights Commission – Columbus Richard Espinosa, Urban League – Fort Wayne</p>
	<p><i>Indiana Fair Housing Task Force</i></p> <ul style="list-style-type: none"> ■ Network with other enforcement agencies to increase fair housing presence within the state and the Fair Housing Task Force membership 	<ul style="list-style-type: none"> ■ The ICRC, the Fort Wayne Metropolitan Human Relations Commission and the Northwest Indiana Open Housing Center received FHIP grants to conduct Fair Housing billboard campaigns. These agencies coordinated their efforts to achieve, as nearly as possible, statewide billboard coverage.
<p><i>Goal</i></p> <p>To update the Analysis of Impediments to Fair Housing Choice and establish a process for continuous review of fair housing issues.</p> <p><i>Output Measures</i></p> <p>Completion of draft of the Analysis of Impediments and an approved update process</p>	<p><i>Consolidated Plan Coordinating Committee and Indiana Fair Housing Task Force Representatives</i></p> <ul style="list-style-type: none"> ■ Develop strategy to have the <i>Analysis of Impediments to Fair Housing Choice</i> drafted ■ Develop process to update and evaluate action tasks proposed in the plan ■ Plan and implement annual review process for the purpose of discussing fair housing progress 	<ul style="list-style-type: none"> ■ Dr. Linda Keys of Ball State University has been contracted as a consultant to perform these AI action tasks.
	<p><i>Indiana Fair Housing Task Force</i></p> <ul style="list-style-type: none"> ■ Develop strategy to update fair housing data collection and assessment of findings annually 	<ul style="list-style-type: none"> ■ The database to receive and process statewide housing discrimination complaint information has been designed. A description and a prototype of that data is attached to this section.

<i>C. Action Task – Continue to improve fair housing intra/inter agency coordination of activities</i>	<i>Activities</i>	
<p>Goal</p> <p>To improve fair housing coordination statewide with particular emphasis on non-entitlement areas</p> <p>Output Measures</p> <p>The development of a comprehensive Consolidated Plan document that includes the Analysis of Impediments to Fair Housing Choice data and analysis</p> <p>Increase non entitlement area representation on the Indiana Fair Housing Task Force by 10% and increase distribution of fair housing information throughout the system</p>	<p>IDOC, IHFA, FSSA, ISDH and ICRC</p> <ul style="list-style-type: none"> Continue to partner with Indiana Fair Housing Task Force and provide leadership and financial and human resources for the implementation of task force activities. 	<ul style="list-style-type: none"> The 2001 and 2002 Fair Housing Summits were partially financed (\$10,000 each year) by HOME grants provided by IHFA. In addition, these agencies have representation on the FHTF.
	<p>Indiana Fair Housing Task Force</p> <ul style="list-style-type: none"> Provide the Consolidated Plan Coordinating Committee updates of their activities and continue to have representation on the committee. 	<ul style="list-style-type: none"> Two members of the FHTF attend regular Consolidated Plan Coordinating Committee meetings and provide updates on Task Force Activities. The information and coordination between these two organizations has improved.
	<p>Consolidated Plan Coordinating Committee</p> <ul style="list-style-type: none"> Work more closely with representatives from the Task Force to ensure coordination of activities and to provide financial and human support when needed 	

<i>D. Action Task – Develop methods to seek out violators of fair housing regulations</i>	<i>Activities</i>	
<p>Goal To enhance the tester program</p> <p>Output Measures The development of a strategy for the permanent funding of the tester program Computerization of tester program files</p> <p>Goal To increase the number of testers and tests statewide</p> <p>Output Measures Calculation of baseline of tester and tests to be used to increase the number of testers and tests in Indiana by 2 percent and 5 percent yearly.</p>	<p>Indiana Civil Rights Commission</p> <ul style="list-style-type: none"> ■ Work with the Indiana Fair Housing Task Force to develop a proposal for funding of the tester program ■ Research funding alternatives for the tester program ■ Conduct tester training in two non-entitlement areas ■ Receive FHIP Grant to fund tester & other programs 	<ul style="list-style-type: none"> ■ A HOME grant from IHFA provided funds to advertise for testers in those areas of the State where testers are lacking and to provide mileage reimbursement and a \$25 stipend per completed test for volunteer testers. Many new testers have been recruited; however, tester training in two non-entitlement areas has not yet been conducted.
	<p>Indiana Civil Rights Commission</p> <ul style="list-style-type: none"> ■ Develop process to computerize test program ■ Evaluate process, make appropriate changes and implement changes 	<ul style="list-style-type: none"> ■ The tester database was updated in 2001. Additional fields were added to each tester's demographic information to assist in appropriately matching testers to the discrimination complaint.
	<p>Indiana Civil Rights Commission</p> <ul style="list-style-type: none"> ■ Calculate number of testers and tests in FY2000 to determine a baseline of activity ■ Increase testers and tests by 2% and 5% respectively 	<ul style="list-style-type: none"> ■ The FY2000 baseline for testers and tests has been established. The number of testers has been increased accordingly. We are currently in the process of organizing tests to satisfy the quotas in this action plan activity.

<i>E. Action Task – Continue Education Programmatic Thrust</i>	<i>Activities</i>	<i>Accomplishments</i>
<p><i>Goal</i></p> <p>To continue to enhance understanding of fair housing throughout Indiana</p> <p><i>Output Measures</i></p> <p>Annual Fair Housing Summit hosted in a non-entitlement city</p> <p>Increase the number of county/city representatives who can provide training/workshops to agencies, Realtors and housing stakeholders in the field</p> <p>Increase the number of contracts and workshops presently conducted outside of entitlement areas by 20 percent</p>	<p><i>Indiana Housing Finance Authority</i></p> <p>Continue to require that each grantee take action to further fair housing that reaches the entire community and not just residents of the IHFA-funded projects or low income residents when conducting fair housing activities</p>	<ul style="list-style-type: none"> ■ The 2000 Third Annual Fair Housing Summit was held in Muncie, IN. While Muncie is an entitlement city, moving the summit site out of Indianapolis was an attempt to provide educational training events in various locations throughout the State. Because Muncie lacked a central location, attendance was poor. In 2001, the summit was moved back to Indianapolis. The 2001 Summit was attended by 187 people; the 2002 Summit was attended by 316 people.
	<p><i>Indiana Housing Finance Authority</i></p> <ul style="list-style-type: none"> ■ Continue to require communities that have fair housing ordinance in place to take some other action to affirmatively further fair housing. 	
	<p><i>Indiana Civil Rights Commission</i></p> <ul style="list-style-type: none"> ■ Continue to target non-entitlement areas for distribution of brochures and location of workshops ■ Continue to distribute the Indiana Civil Rights Commission's brochure, "You May Be a Victim," to residents by IHFA grantees through affordability period. <p><i>Indiana Civil Rights Commission and IHFA</i></p> <ul style="list-style-type: none"> ■ Continue to update program brochures to reach all populations including providing information in multi-lingual, Braille and large print formats. 	<ul style="list-style-type: none"> ■ With funds from both a FHIP and HOME grant, 294,000 brochures in both English and Spanish are in the printing process. While at least one housing agency in each of Indiana's 92 counties will receive these materials, non-entitlement communities will be the target for the bulk of these materials. A list and brief description of each of these materials is attached. ■ IHFA continues to require grantees to distribute the "You May Be A Victim" to all residents throughout the affordability period. IHFA forwards copies of the brochures to all its grantees and they have residents sign a receipt sheet to document the files. IHFA checks compliance during close-out monitoring and again through on-site tenant file reviews.

<i>E. Action Task – Continue Education Programmatic Thrust, (continued)</i>	<i>Activities</i>	<i>Accomplishments</i>
	<p><i>Indiana Housing Finance Authority</i></p> <ul style="list-style-type: none"> ■ Continue to host their Annual Affordable Housing Conference where a session on fair housing will be presented. 	<ul style="list-style-type: none"> ■ IHFA continues to host its Annual Affordable Housing Conference.
	<p><i>Indiana Civil Rights Commission and IHFA</i></p> <ul style="list-style-type: none"> ■ Continue to provide technical assistance, and presentations on fair housing as well as partner with providers to present fair housing training. 	<ul style="list-style-type: none"> ■ The Task Force formed a Speakers' Bureau in 2001. A powerpoint presentation and overheads were designed to assist speakers. With HOME grant funds, a training video of the Indiana Fair Housing Act is also being produced to assist speakers. From April 1, 2001 to April 30, 2002, the ICRC and the Task Force provided the following fair housing education and outreach events: 13 Conference Exhibits (Incl. info. materials) 20 Instructional Presentations 8 Outreach Presentations 4 Media Presentations 2 Statewide Summits

<i>E. Action Task – Continue Education Programmatic Thrust, (continued)</i>	<i>Activities</i>	<i>Accomplishments</i>
<p>Goal</p> <p>To continue to enhance Fair Housing Month as a major emphasis in the education of Indiana residents on the rights and requirements of fair housing</p> <p>Output Measures</p> <p>Increase non-entitlement number of activities and publicity notifications of events by 10 percent and that of participants residing in non-entitlement areas by 5 percent</p> <p>Increase support of the Fair Housing Summit by soliciting an increased number of scholarships</p>	<p>Indiana Fair Housing Task Force (continue last year's program as outlined below)</p> <ul style="list-style-type: none"> ■ Governor: Provide a proclamation recognizing fair housing month and its activities ■ Lt. Governor: Promote the Annual Fair Housing Summit in his weekly column ■ Task Force: Announce and circulate Summit information throughout the State with emphasis on distribution of information in non-entitlement cities ■ Consider offering scholarship opportunities for Fair Housing Summit to be completed in future ■ Lower registration fee to encourage more participation ■ Housing Summit organizers offer legal continuing education credit this year ■ For those who are unable to attend the Summit for longer than a day conference, shorten to one day 	<ul style="list-style-type: none"> ■ Each year Governor O'Bannon provides a proclamation declaring April as Fair Housing month. Also, Lt. Governor Kernan focused one of his weekly newspaper columns in April on the Fair Housing Summit. ■ ICRC, along with several other Task Force agencies, mailed out a total of 7,000 Summit registration brochures. The Task Force member from the Indianapolis Housing Agency mailed 2000 brochures to Indiana's Title 8 landlords. And in 2002, for the first time, the Summit was also promoted in 18 statewide newsletters. ■ The Federal home Loan Bank of Indianapolis and the Task Force provided 22 scholarships to this year's Summit. Most of these scholarships went to people who work for legal aid services, law and social work college students. ■ This year the Task Force offered CLE credit for three workshops: Insurance Redlining Predatory Lending Fair Housing Rights for Persons with Disabilities The Task Force was not able to offer CE credit for Realtors. Workshops must be 2 hours in length to be eligible for CE credit. Summit workshops were only 1.5 hour in length. ■ Both one-day and two-day registrations were offered for this year's Summit.

**TASK 6: ESTABLISH THE ICRC AS THE CENTRA DATA REPOSITORY
FOR THE 21 HUMAN RELATIONS COMMISSIONS IN INDIANA WHO
RECEIVE AND PROCESS FAIR HOUSING COMPLAINTS.**

Contract with Systems Analyst

The Indiana Civil Rights Commission has entered into a contract with Shahid Khokhar for services as a systems analyst. Mr. Khokhar ("Systems Analyst") was chosen among several qualified applicants after a lengthy multistage interview process. After careful evaluation of the needs of each of Indiana's human rights agencies, the Systems Analyst has successfully created a system prototype of a database to be used by those agencies throughout the State of Indiana that receive and process fair housing discrimination complaints. The database is in its second phase of the project life cycle. The database is being designed in SQL Server language, and will use a web-browser interface for input and output of the data. A copy of that system prototype is enclosed. This system is being designed in strict adherence to the Indiana Technology Oversight Commission and Access Indiana requirements. In addition, the database shall be fully relational, whereby a user will be able to manipulate the data and to prepare various statistical reports on at least a quarterly basis for use by the Commission. Such information gleaned from these reports shall assist in our education and outreach efforts by targeting areas in need of fair housing education.

Once completed, the database may be housed on the ICRC's website, where other human rights agencies still have easy and secure access to it. The Systems Analyst will train these agencies to use the database in compiling and reporting fair housing discrimination complaints. The Systems Analyst has already made a presentation to these agencies and secured their approval for participation in this task.

The Systems Analyst is further essential to the education and outreach efforts of the ICRC in that he is maintaining and expanding a mailing database for the distribution of ICRC fair housing literature. The Systems Analyst has assessed the ICRC's current needs and has begun designing an Access-based fully-relational database with user-friendly interface. A user will be able to generate mailing labels in accordance with specified criteria. The system will also enable the ICRC to track all returned mail and timely update the database with correct information. With this in place, the ICRC can effectively notify targeted audiences of relevant fair housing presentations, workshops and conferences.



INDIANA
CIVIL
RIGHTS
COMMISSION

Sandra D. Leek, Executive Director

Indiana Government Center North
100 N. Senate Avenue, Room N103
Indianapolis, Indiana 46204-2255

FRANK O'BANNON, Governor

Office: (317) 232-2600
Toll free: (800) 628-2909
Hearing Impaired: (800) 743-3333
FAX: (317) 232-6580



FOR IMMEDIATE RELEASE

April 24, 2002

**INDIANA CIVIL RIGHTS COMMISSION ANNOUNCES
ADVERTISING CAMPAIGN TO PROMOTE FAIR HOUSING**

The Indiana Civil Rights Commission (ICRC) announces a statewide poster billboard advertising campaign to educate Hoosiers on housing discrimination enforcement procedures. The ICRC poster billboards will target 20 community locations with messages in both English and Spanish. An additional 11 communities will be the focus of a similar advertising campaign coordinated jointly by the Northwest Indiana Open Housing Center and the Fort Wayne Metro Human Relations Commission. The Housing Center posters will be in English, Spanish and Vietnamese. The poster billboards utilized in both advertising campaigns will have similar images and messages. Funds for this statewide advertising effort were granted by U.S. Department of Housing and Urban Development's (HUD) Fair Housing Initiative Programs (FHIP).

The ICRC locations are: **Northern Indiana:** Michigan City; Portage; Angola; Rensselaer; Monticello; Logansport and Marion. **Central Indiana:** Frankfort; Crawfordsville; Speedway; Fishers; Richmond; Columbus; Shelbyville and Lawrence. **Southern Indiana:** Vincennes; Washington; Dale; Clarksville and Jeffersonville.

The Open Housing Center and Fort Wayne Commission locations are: **Northern Indiana:** Crown Point; Gary; Michigan City; Fort Wayne; Auburn; Huntington Kendallville; Angola; Columbia City; Logansport; South Bend and Warsaw.

The press conference will precede the opening luncheon of the Indiana Fair Housing Task Force's (IFHTF) Fifth Annual Fair Housing Summit. The two-day summit will feature workshops and lectures on a variety of housing issues, including: predatory lending, insurance redlining, rights of people with disabilities, among other topics.

For more information contact Tiffany M. Tolbert at (317) 233-6308 or ttolbert@crc.state.in.us

-60 -

"Morality cannot be legislated, but behavior can be regulated." M.L. King, Jr.
An Equal Opportunity Employer



RECYCLED PAPER

Fair Housing Billboard Campaign Locations



POSTER BILLBOARD LOCATIONS

INDIANA CIVIL RIGHTS COMMISSION

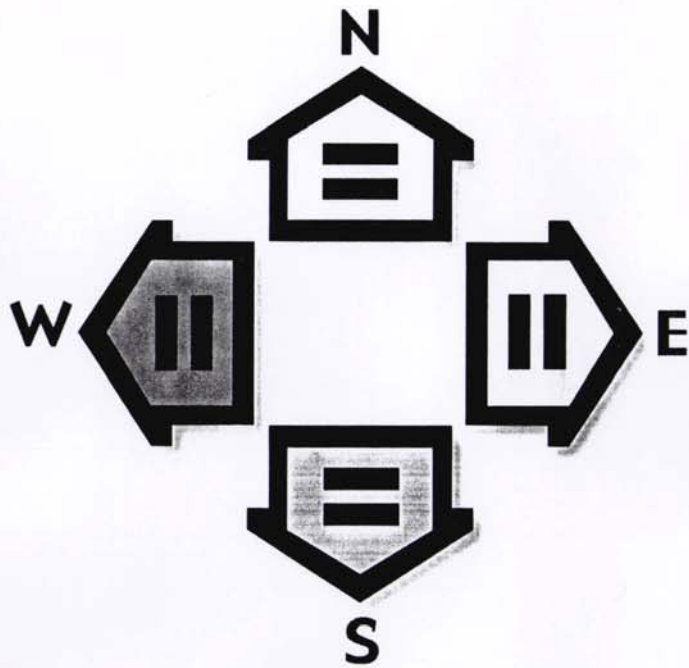
Northern Indiana: Michigan City; Portage; Angola; Rensselaer; Monticello; Logansport and Marion.

Central Indiana: Frankfort; Crawfordsville; Speedway; Fishers; Richmond; Columbus; Shelbyville and Lawrence.

Southern Indiana: Vincennes; Washington; Dale; Clarksville and Jeffersonville.

NORTHWEST INDIANA OPEN HOUSING CENTER FORT WAYNE METRO HUMAN RELATIONS COMMISSION

Northern Indiana: Crown Point; Gary; Michigan City; Fort Wayne; Auburn; Huntington Kendallville; Angola; Columbia City; Logansport; South Bend and Warsaw.



**No Matter
Where You Are
In Indiana,
Discrimination
Is Illegal.**

1-866-3FAIR4-U



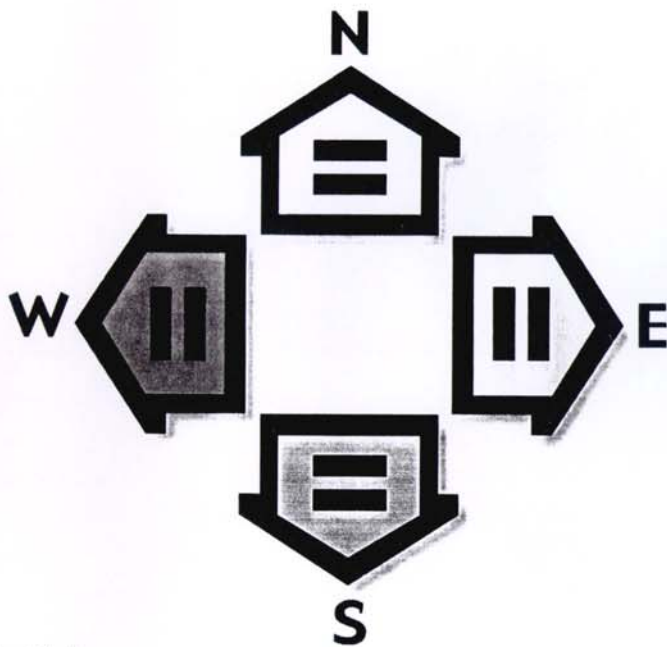
FairHousing .



1-866-3FAIR4-U



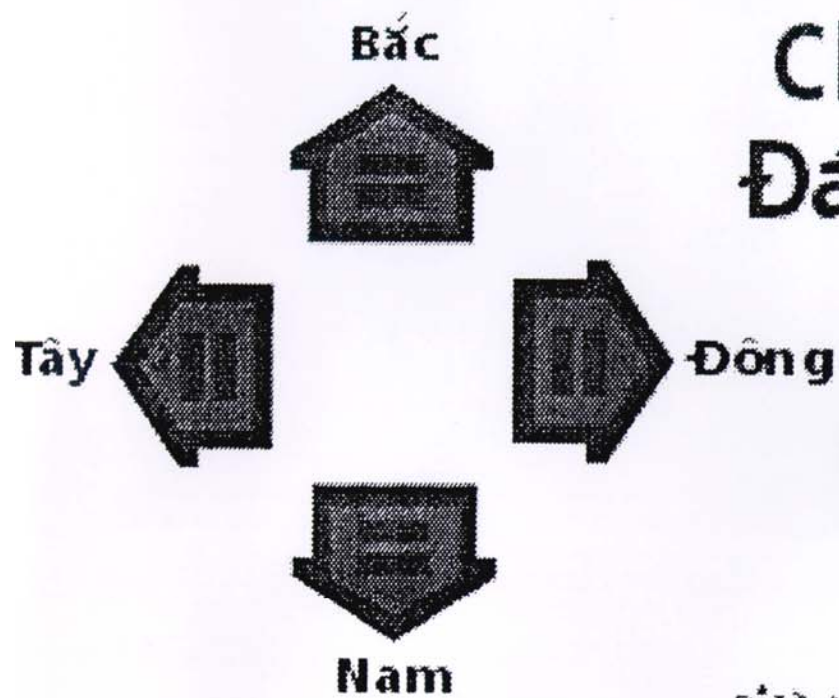
It's your right. And we'll help you fight.



**No Importa Donde
Se Encuentra
En Indiana,
Discriminación
Es Ilegal.**

1-866-332-4748





**Cho Dù Bạn Đang Ở
Đâu Trong Tiểu Bang
Indiana.**

**Kỳ Thi Về Gia Cư
Là Trái Luật.**

Để Tìm Văn Phòng Công Ty "Fair Housing" (Gia Cư Công Bằng)
Gần Nhà, Xin Gọi: 1-800-311-4223



TASK 2: TRANSLATE THE ICRC'S FAIR HOUSING MATERIALS INTO SPANISH AND, UPON REQUEST, INTO BRAILLE AND OTHER NON-ENGLISH LANGUAGE

After the required procurement process was complete, the ICRC awarded a contract to a Spanish translation vendor. Spanish translated materials have just been received by ICRC.

The translated materials are entitled:

A. Eight Step Guide Processing a Complaint from Intake to Final explains to the public how a civil rights case is handled from the first filing of a complaint to the final decision/action by the commissioners or the executive director of the ICRC;

B. A Voluntary Mediation Program brochure describes the process that can be used by the parties as an alternative to commencing legal action;

C. You May Be A Victim of . . . brochure describes different housing discriminations;

D. Affirmatively Furthering Fair Housing in your Community brochure describes different housing discriminations;

E. Your Rights to Equal Access and Use of Public Accommodations in Indiana brochure describes your rights in public accommodations i.e., airplanes, trains, etc.;

F. Sexual Harassment Unwelcome Anywhere brochure describes how to avoid sexual harassment in the workplace;

G. Tester Program in Indiana brochure describes the responsibilities of volunteers who will do "role plays" that relates to a civil rights discrimination case and report the outcome in a case investigation analysis format;

H. You May be a Victim of . . . Poster describes different housing discriminations; and

I. Advertising in Indiana describes different discriminations used to advertise about available housing .

J. Indiana Fair Housing Task Force defines the Task Force's mission statement and purpose to be used for recruiting new membership.

APPENDIX A.

List of Key Participants

APPENDIX A.

List of Key Participants

Indiana’s 2002 Consolidated Plan Update was a collaborative project. The Indiana Department of Commerce and the Indiana Housing Finance Authority were responsible for overseeing the coordination and development of the plan. The Indiana Family and Social Services Administration (FSSA) assisted in development of the Plan.

The Consolidated Plan Coordinating Committee included representatives from the organizations listed above as well as individuals from the Indiana Coalition on Housing and Homeless Issues (ICHHI), the Indiana Association for Community Economic Development (IACED), the Indiana Civil Rights Commission (ICRC), Rural Opportunities Inc. (ROI), The Indiana Institute on Disability and Community, and the U.S. Department of Housing and Urban Development (HUD). A list of the key people involved in the development of the plan follows.

Kelly Boe	Chuck Martindale
Rosemary Carney	Deborah McCarty
Lisa Coffman	Renitra Moore-Marion
Wendy Landes	Amy Murphy-Nugen
John Dorgan	Annette Phillips
Susie Harmless	Sheryl Sharpe
Martha Kenley	Patrick Taylor
Michelle Kincaid	Christie Gillespie Williams
Judy Kochanczyk	

In addition to these key players in development of the Plan, more than 600 citizens participated in the planning process by responding to a community survey, attending regional public forums, or submitting written comments to the Consolidated Plan Coordinating Committee. A list of participants in the regional forums is attached; public comments are located in Appendix E. Their input was very welcome and their thoughts much appreciated.

Regional forum attendees

Covington Forum

Dawn Alle Resident	Larry Myers Resident
Brad Crain Mayor, Covington	Malinda Myers Resident
Tammy Elhove Resident	James Norris Resident
Kris Ellingwood Twin Oaks Housing	Linda Okeke Community Service Center
Mike Evans Hoosier House, Danville	Bobby Piteck Resident
Brian Judd Hoosier House, Danville	Christopher Powell Resident
Daniel Kunkle Resident	Steve Proctor CAP of Western Indiana
Craig Lysinger Wabash Valley Hospital	Jeffrey Siler Resident
John Mercer Resident	

Jeffersonville Forum

Barbara Anderson Resident	Carlos Lowe Resident
Shelley Bauto CHMC	Antonio Malone Haven House Services
Maxine Black Womens' Emergency Housing	Michael Martin Resident
Rosie Carney Indianapolis DHMA	Willard L. Mays Division of Mental Health
Rich Carter Resident	Peggy McCullen Resident
Walter Coppinger Habitat for Humanity	William McDonald Haven House Services
Lena Crabtree The Center for Women and Families Domestic Violence	John Miller CHDO
Elaine Daley Clark County Health Department	Natalie Pike Resident
Roger Dunlap Resident	Kelli Puom Haven House Services
Shari Eve Resident	Donna Rae Haven House Services

Jeffersonville Forum (continued)

Betty Gabhart HNSI	Christy Reynolds HHSI
Mattie Grant Haven House Services	Rosemarie Roberts Ohio Valley Opportunities, Inc.
Kathy Haller Jeffersonville Department of Redevelopment	Jean Ruhl Haven House Services
Bonnie Hampton New Hope Services	Robert Salgado Haven House Services
Annie Hannob Haven House Services	Geneva Sams HCCS
Lisa Hansen Resident	LaTanya Taylor Haven House Services
Mattie Havens Resident	Anne Terwillinger Bliss House
Christy Heilgenberg Haven House Services	Betsey Vanderheide City House
Jackie James Southern Seven Work Force Investment Board	Pastor Wilkerson Haven House Services
John Kaiser Clark/OOFC	Scott Willoughby Haven House Services
Carol Kasper Haven House Services	Angela Wolfe Resident
Tim Kelly Haven House Services	Ricky Woode Resident
Tina M. Lawhoen Resident	Other participants: 1 CASI
Catherine Leode Haven House Services	Other participants: 2 Haven House Services

Plymouth Forum

Jake Banlo Habitat for Humanity	Marion Kasten Pulaski County Commissioner
Bertha Barker Dismas	LaTosha Knight Housing Opportunities
Todd Blumenstock Elkhart County Health Department	Jim Kostielney North Central Community Action
Jennifer Buttice Emmaus Mission Homeless Shelter	Stan Ladowicz South Lake Center for Mental Health
G. Dean Byers Marshall County Housing Authority	Chris Lehman Habitat for Humanity
Cresleen Causey Marshall County Housing Authority	Matt Lentseh Oaklawn

Plymouth Forum (continued)

Melissa Christiansen USDA Rural Development	Ronald Liechty Garden Court
Debora Conley Elkhart County	Norman Long EMA
Robert J. Garcia Elkhart County Community AIDS Action Group	Annie Mannix Neighborhood Development
Kurt Garner Plymouth Plan Commission	Carol Nordstrom Christian Community Action
Lisa Gilman Elkhart Housing Partnership	Evonne Norvell Michigan City Housing Authority
James R. Hernandez RDCI Consulting	Larry Santscho La Casa of Goshen, Inc.
Josephine Hughes EARN	Caroline Shook Housing Opportunities
Tom Isakson Christian Community Action	Tracie Smith RDCI Consulting
Gerry Jones Stepping Stone Shelter for Women	Bonnie Stryalhr Youth Service Bureau
Debbie Kardos Housing Opportunities	Mary Williams Emmaus Mission Homeless Shelter

Princeton Forum

Paula Berlund Tulip Tree Family Health	Mary C. Pugh Cape Head Start
Danielle Brewer Gibson County DFC	Mary C. Reed Cape Head Start
Michael Chandler Resident	Bonnie Rehmquist Habitat for Humanity
Amanda Dume Resident	Bob Stilwell Resident
Neil Evans Vincennes Home Ownership	Rosanna Summers Cape Head Start
Rebecca Gootee YWCA	Kathryn M. Todd Vincennes Home Ownership
Lynn Hartshorne Habitat for Humanity	Kanda Walden Tulip Tree Family Health
Anna Marie Keil Tulip Tree Family Health	Alice Weathers Cape Head Start
Tony Kirkland Cape Head Start	Andrea Wilson The Salvation Army
Kimberly Kuho Ozanam Family Shelter	Mike Wilson Cape Head Start
Tammy Newton Cape Head Start	Other participants: 1 The Salvation Army

Richmond Forum

Shelia Armstead IUE/Community	Ruth Miller CAECI
Chuck Barker AIDS Task Force	Shelley Miller City of Richmond
Chris Bartram Resident	Karen Montgomery Richmond City Schools
Joyce Bertsch Star Development, Inc.	John Nickolson Resident
Charles Brown Neighborhood Services Clearinghouse	Kelly Persinger Genesis of the YWCA
Renee Doty EDC of Wayne County	Jeff Plasterer Wayne County Council
Jon Ford Richmond Chamber of Commerce	Kim Poinsett Richmond Parks and Recreation
Tony Foster City of Richmond Community Development	Julia Salthoff Rural Opportunities, Inc.
Don Griffin Hope House Addiction Recovery Center	Sherita Searcy Pal-Item
George Harris Resident	Karl Sharp Richmond City Council
James L. Herbolt Resident	Dan Stewart Green Acres
Toby Hill AIDS Task Force	Todd Stizelman Independent Living Center
John Kenny City of Richmond	Becky Studebaker YWCA
Nancy Kinder EIDD	Sheryl Sweetstone Resident
Cheryl Kirtz Independent Living Center	Mary Jo Ward Youth Resources
Dan Lake IDOC	Bing Welch Richmond City Council
Kristin Leive Rural Opportunities, Inc.	David West Richmond Sanitary District
Etta Lundy Richmond City Council	Pat Whitaker Resident
Karen Maurv Birth-to-Five	Derek White Housing Authority
Marc McCarty Star Development, Inc.	Tim Williams Multicultural Affairs
Clifton McNish IV East	

Warren Forum

Amy Baim Resident	Sandra Haneline Resident
Andrew Barriac Resident	Kristi Hayes A Better Way
Leslie Bruggeman A Better Way	Penny Heppenstell Utility Clerk
Barbara Daniel YWCA of Fort Wayne, Inc.	Harold Jones Warren Town Council
Jenny Deamis Alternatives, Inc.	Phil Magner Wabash County Habitat for Humanity
Cindy Godesky Huntington County Habitat for Humanity	Pam McConey National Alliance for the Mentally Ill
Becca Granos Alternatives, Inc.	Marilyn Morrison IACT
Jo Green Habitat for Humanity of Grant County	John Niederman Pathfinder Services, Inc.

APPENDIX B.

Consolidated Plan Certifications

APPENDIX B.

Consolidated Plan Certifications

This appendix contains the Consolidated Plan certifications and the Form SF-424, Application for Federal Assistance. Each certification and form has been signed by a representative of the agency responsible for administering the funding. The Indiana Department of Commerce administers CDBG funds; the Indiana Housing and Finance Authority administers HOME funds and HOPWA funds; and the Indiana Family and Social Services Administration administers ESG funds.

Certifications are available upon request:

State of Indiana
Department of Commerce
One North Capital Avenue, Suite 600
Indianapolis, IN 46204
(317) 232-8831

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION															
Legal Name: State of Indiana	Organizational Unit: Indiana Department of Commerce														
Address (give city, county, State, and zip code): One North Capitol, Suite 700 Indianapolis, IN 46204															
Name and telephone number of person to be contacted on matters involving this application (give area code): Charles R. Martindale (317) 232-8801															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35-6000158 </div>															
7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> </div>															
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ _____															
9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Dev															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14-228 </div> </div> TITLE: State Administered CDBG Program															
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: State Community Development Block Grant Program															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 															
13. PROPOSED PROJECT Start Date: 06/01/02 Ending Date: 5/30/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: #10 b. Project: 1 through 10 (all)														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 37,879,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 37,879,000</td> </tr> </table>		a. Federal	\$ 37,879,000	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 37,879,000
a. Federal	\$ 37,879,000														
b. Applicant	\$.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$ 37,879,000														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Type Name of Authorized Representative Thomas F. McKenna	b. Title Executive Director														
c. Telephone Number (317) 232-8802															
d. Signature of Authorized Representative 	e. Date Signed 3-26-02														

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

STATE CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the State certifies that:

Affirmatively Further Fair Housing -- The State will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Anti-displacement and Relocation Plan -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug Free Workplace -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the State's knowledge and belief:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
- 3. It will require that the language of paragraphs 1 and 2 of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of State -- The submission of the consolidated plan is authorized under State law and the State possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.



Signature/Authorized Official
Tom McKenna
Executive Director
Title

3-25-02
Date

Specific CDBG Certifications

The State certifies that:

Citizen Participation -- It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR §91.115 and each unit of general local government that receives assistance from the State is or will be following a detailed citizen participation plan that satisfies the requirements of 24 CFR §570.486.

Consultation with Local Governments -- It has or will comply with the following:

1. It has consulted with affected units of local government in the nonentitlement area of the State in determining the method of distribution of funding;
2. It engages in or will engage in planning for community development activities;
3. It provides or will provide technical assistance to units of local government in connection with community development programs; and
4. It will not refuse to distribute funds to any unit of general local government on the basis of the particular eligible activity selected by the unit of general local government to meet its community development needs, except that a State is not prevented from establishing priorities in distributing funding on the basis of the activities selected.

Local Needs Identification -- It will require each unit of general local government to be funded to identify its community development and housing needs, including the needs of low-income and moderate-income families, and the activities to be undertaken to meet these needs.

Community Development Plan -- Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that have been developed in accordance with the primary objectives of Title I of the Housing and Community Development Act of 1974, as amended. (See 24 CFR 570.2 and 24 CFR part 570)

Use of Funds -- It has complied with the following criteria:

1. Maximum Feasible Priority. With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available);
2. Overall Benefit. The aggregate use of CDBG funds including section 108 guaranteed loans during program year 2002 (a period specified by the grantee consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;

3. Special Assessments. The state will require units of general local government that receive CDBG funds to certify to the following:

It will not attempt to recover any capital costs of public improvements assisted with CDBG funds including Section 108 loan guaranteed funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

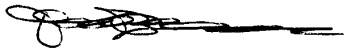
It will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

Excessive Force -- It will require units of general local government that receive CDBG funds to certify that they have adopted and are enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction;

Compliance With Anti-discrimination laws -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

Compliance with Laws -- It will comply with applicable laws.

 3-25-02

Signature/Authorized Official Date
Tom McKenna

Executive Director
Title

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

A. Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Indiana Department of Commerce, One North Capitol Avenue, Suite 700, Indianapolis, IN 46204

Indiana Housing Finance Authority, 115 W. Washington Street, Suite 1350, Indianapolis, IN 46204

Family and Social Services Agency, 402 W. Washington Street, IGCSouth W386, Indianapolis, IN 46204

Check ___ if there are workplaces on file that are not identified here; The certification with regard to the drug-free workplace required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C.812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

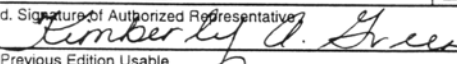
"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/22/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Indiana Housing Finance Authority		Organizational Unit: Community Development Department	
Address (give city, county, State, and zip code): 115 West Washington Street, Suite 1350 South Tower Indianapolis, IN 46204-3413 Marion County, Indiana		Name and telephone number of person to be contacted on matters involving this application (give area code) KIMBERLY A. GREEN (Phone): 317-232-7777 (Fax): 317-232-7778	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 35-1485172		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> A B. County <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> C. Municipal <input type="checkbox"/> J. Private University <input type="checkbox"/> D. Township <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> E. Interstate <input type="checkbox"/> L. Individual <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> G. Special District <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Housing & Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-239 TITLE: HOME Investment Partnerships Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2002 HOME Investment Partnerships Program activities for the State of Indiana.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/02	Ending Date 6/30/03	a. Applicant 10th	
15. ESTIMATED FUNDING: \$16,447,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 16,447,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ _____	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ _____		
e. Other	\$ _____		
f. Program Income	\$ _____		
g. TOTAL	\$ 16,447,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative KIMBERLY A. GREEN		b. Title Executive Director	c. Telephone Number (317) 232-7777
d. Signature of Authorized Representative 		e. Date Signed March 22, 2002	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

HOME Certifications

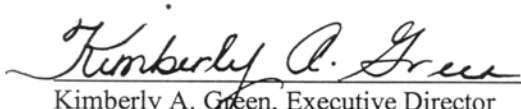
The State certifies that:

Tenant Based Rental Assistance – If it intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the State's Consolidated Plan.

Eligible Activities and Costs – It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in 92.214.

Appropriate Financial Assistance – Before committing any funds to a project, the State or its recipients will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing.



Kimberly A. Green, Executive Director
Indiana Housing Finance Authority

4/2/02
Date

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/26/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																								
Legal Name: State of Indiana		Organizational Unit: Division of Family & Children Housing & Community Services Section																						
Address (give city, county, State, and zip code): 402 W. Washington Street, RM W381 P. O. Box #6116 Indianapolis, IN 46206		Name and telephone number of person to be contacted on matters involving this application (give area code) Renitra Moore-Marion (317) 232-7117 (317) 232-7079 (Fax)																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 35-6000158		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> A </div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">-</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> TITLE: Emergency Shelter Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Shelter Grant																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of Indiana																								
13. PROPOSED PROJECT Start Date: 7/01/02 Ending Date: 6/30/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 10 b. Project: 1-10 (Statewide)																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">1,747,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">1,747,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">3,494,000.00</td> </tr> </table>		a. Federal	\$	1,747,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	1,747,000.00	f. Program Income	\$.00	g. TOTAL	\$	3,494,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,747,000.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$	1,747,000.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	3,494,000.00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative John Jay Boyce		b. Title Director																						
c. Telephone Number 232-4705		e. Date Signed 4/5/02																						
d. Signature of Authorized Representative 																								

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

**STATE GRANTEE
EMERGENCY SHELTER GRANTS PROGRAM
FY2001 CERTIFICATIONS**

I John Jay Boyce, Director, (name and title) authorized to act

on behalf of the State of _____, certify that the State will ensure compliance by units of general local government and nonprofit organizations to which it distributes funds under the Emergency Shelter Grants Program with:

- (1) The requirements of 24 *CFR* 576.21(a)(4) which provide that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility services meet the following standards: (A) that the inability of the family to make the required payments must be the result of a sudden reduction in income; (B) that the assistance must be necessary to avoid eviction of the family or termination of the services to the family; (C) that there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) that the assistance must not supplant funding for preexisting homeless prevention activities from any other source.
- (2) The requirements of 24 *CFR* 576.25(b)(2) concerning the submission by nonprofit organizations applying for funding of a certification of approval of the proposed project(s) from the unit of local government in which the proposed project is located.
- (3) The requirements of 24 *CFR* 576.53 concerning the continued use of buildings for which Emergency Shelter Grant funds are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.
- (4) The building standards requirement of 24 *CFR* 576.55.
- (5) The requirements of 24 *CFR* 576.56, concerning assistance to the homeless.
- (6) The requirements of 24 *CFR* 576.57, other appropriate provisions of 24 *CFR* Part 576, and other applicable Federal law concerning nondiscrimination and equal opportunity.
- (7) The requirements of 24 *CFR* 576.59(b) concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- (8) The requirements of 24 *CFR* 576.59 concerning minimizing the displacement of persons as a result of a project assisted with these funds.

- (9) The requirements of 24 *CFR* 576.56(a) and 576.65(b) that grantees develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the Emergency Shelter Grants Program and that the address or location of any family violence shelter project assisted with ESG funds will not be made public, except with written authorization of the person or persons responsible for the operation of the shelter.
- (10) The requirement of that recipients involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, and in providing services for occupants of these facilities as provided by 24 *CFR* 576.56(b)(2).
- (11) The new requirement of the McKinney Act (42 *USC* 11362) to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I further understand that State and local governments are primarily responsible for the care of these individuals, and that ESG funds are not to be used to assist such persons in place of State and local resources.


I certify that the State will comply with the requirements of 24 *CFR* Part 24 concerning the Drug Free Workplace Act of 1988.

I certify that the State will comply with the provisions of, and regulations and procedures applicable under 24 *CFR* 576.57(e) with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 *CFR* Part 58 as applicable to activities of nonprofit organizations funded directly by the State. The State also agrees to assume the Department's responsibility and authority as set forth in 24 *CFR* 576.57(e) for acting on the environmental certifications and requests for the release of funds submitted to the State by local government recipients.

I certify that the State will ensure the provision of the matching funds required by 24 *CFR* 576.51 and 42 *USC* 11375, including a description of the sources and amounts of such supplemental funds, as provided by the State, units of general local government or nonprofit organizations.

I further certify that the submission of a complete and approved Consolidated Plan with its relevant certifications, which is treated as the application for an Emergency Shelter Grant, is authorized under State law, and that the State possesses legal authority to fund the carrying out of grant activities by units of general local government and nonprofit organizations in accordance with applicable laws and regulations of the Department of Housing and Urban Development.

Name and Title



Signature

Director

Title

4.3.2

Date

ESG Certifications

The State seeking funds under the Emergency Shelter Program (ESG) certifies that it will ensure that its recipients of ESG funds comply with the following requirements:

Major rehabilitation/conversion -- In the case of major rehabilitation or conversion, it will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 10 years. If the rehabilitation is not major, the recipient will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 3 years.

Essential Services -- Where the assistance involves essential services or maintenance, operation, insurance, utilities and furnishings, it will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure as long as the same general population is served.

Renovation -- Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services -- It will assist homeless individuals in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living, and other Federal State, local, and private assistance for such individuals.

Matching Funds -- It will obtain matching amounts required under 24 CFR §576.71.

Confidentiality -- It will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement -- To the maximum extent practicable, it will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under this program, in providing services assisted through this program, and in providing services for occupants of such facilities.

Consolidated Plan -- It is following a current HUD-approved Consolidated Plan or CHAS.

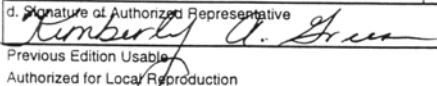

Signature/Authorized Official

4.3.2
Date

Title Director

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/22/02	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: Indiana Housing Finance Authority		Organizational Unit: Community Development Department															
Address (give city, county, State, and zip code): 115 West Washington Street, Suite 1350 South Tower Indianapolis, IN 46204-3413 Marion County, Indiana		Name and telephone number of person to be contacted on matters involving this application (give area code) KIMBERLY A. GREEN (Phone): 317-232-7777 (Fax): 317-232-7778															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 35-1485172		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table border="0"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																
B. County	I. State Controlled Institution of Higher Learning																
C. Municipal	J. Private University																
D. Township	K. Indian Tribe																
E. Interstate	L. Individual																
F. Intermunicipal	M. Profit Organization																
G. Special District	N. Other (Specify) _____																
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-241 TITLE: Housing Opportunities for Persons with AIDS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2002 Housing Opportunities for Persons with AIDS program activities for the State of Indiana.															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):																	
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 6/30/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10th b. Project 1-10 (statewide)															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal	\$ 751,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____															
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372															
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 751,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative KIMBERLY A. GREEN		b. Title Executive Director	c. Telephone Number (317) 232-7777														
d. Signature of Authorized Representative 		e. Date Signed March 22, 2002															

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

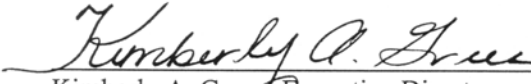
HOPWA Certifications

The State certifies that:

Activities – Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

Building – Any building or structure assisted under the program shall be operated for the purpose specified in the plan:

1. For at least 10 years in the case of any building or structure purchased, leased, rehabilitated, renovated, or converted with HOPWA assistance.
2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.



Kimberly A. Green, Executive Director
Indiana Housing Finance Authority

4/2/08
Date

APPENDIX C.

Community Survey Instrument

APPENDIX C.

Community Survey Instrument

In February 2002, 3,022 surveys were distributed to local government officials, community leaders, housing providers, economic development professionals, social service organizations, and others. The survey asked respondents a number of questions about housing and community development needs, including fair housing accessibility, in their communities. A total of 407 surveys were returned, for a response rate of 14 percent. This response rate is very strong for a survey that was as detailed and widely distributed as the 2002 survey.

Surveys were received from 90 of the 92 counties in Indiana, which was excellent coverage, especially given the comprehensiveness of the survey. About 30 percent of respondents represented local governments; 13 percent represented housing providers; 10 percent were received from social services providers; and the rest were from a variety of other organizational types.

A copy of the survey follows.



3773 Cherry Creek North Drive
Suite 850
Denver, CO 80209-3827
303.321.2547 fax 303.399.1448
www.bbcresearch.com
bbc@bbcresearch.com

February 11, 2002

Re: State of Indiana Housing & Community Development Needs

To All Interested Parties:

The State of Indiana is currently preparing its 2002 Consolidated Plan Update – a report required by the U.S. Department of Housing and Urban Development in order to receive housing and community block grant funding. In FY2002, the State is eligible to receive **\$57 million** in Federal housing and community development assistance. In the past, these dollars have funded homeownership and rental assistance programs, construction of homeless and domestic violence shelters, water and sewer infrastructure improvements, and programs that assist people with special needs. The funds are distributed by the State of Indiana to local governments and nonprofit housing and community development organizations throughout the state.

BBC Research & Consulting is assisting the State with the preparation of its FY2002 Consolidated Plan. We are working in association with the Indiana Department of Commerce, the Indiana Housing and Finance Authority and the Family and Social Services Agency.

We want to know about your community's needs. Public participation is an integral part of the Consolidated Planning process. We are conducting three large outreach efforts this year:

- A housing and community development needs survey (enclosed),
- Six regional public forums, and
- Two public hearings.

Survey. Please take a few minutes to fill out the enclosed survey, and return it to us in the enclosed postage prepaid envelope by March 4, 2002. We realize that some survey questions may not apply to you specifically, but any input you can provide is valuable to this process and would be greatly appreciated. This same survey has been sent to approximately 2,500 other Indiana local officials, advocates, housing and community development providers and community leaders.

Regional forums. In addition, a series of participatory public forums have been scheduled in locations across the state. These forums have been designed to facilitate discussion about housing and community development issues. Below is a list of meeting dates, times and locations. Your input is welcome at any of the forums.

- **Covington:** Riverbend Center, March 4th from 3 to 5p.m. Local Time
- **Plymouth:** Plymouth Public Library, March 5th from 3 to 5p.m. Local Time
- **Warren:** Knight Civic Center, March 6th from 3 to 5p.m. Local Time
- **Princeton:** Princeton City Hall, March 11th from 3 to 5p.m. Local Time
- **Jeffersonville:** Gilt Baptist Church, March 12th from 3 to 5p.m. Local Time
- **Richmond:** IU – Whitewater Hall, March 13th from 3 to 5p.m. Local Time

Public hearings. In addition, you are welcome to attend one of the two public hearings to review the draft of the FY2002 Consolidated Plan Update. They will be held between 4 and 6 p.m. in Noblesville and Columbus on April 8th and 9th, 2002.

You can also participate in the Consolidated Planning process by sending written comments to:

Consolidated Plan, Indiana Department of Commerce, Controller's Office Grants Management Division One North Capitol Avenue, Suite 700 Indianapolis, Indiana 46204-2248.
--

Contact Kelly Boe at the Department of Commerce, 1-800-824-2476 or 317-232-8800, for more information about the forums and hearings. You can access last year's Consolidated Plan through the Indiana Housing Finance Authority's website at <http://www.state.in.us/ihfa> or the Indiana Department of Commerce at <http://www.indianacommerce.com>.

Thank you in advance for your assistance.

Sincerely,



Heidi Aggeler
Director

2002 Indiana Consolidated Plan Update Survey

Please answer each question to the best of your ability. If a particular question does not apply to you, or if you do not have knowledge of the subject matter, please feel free to skip the question.

Respondent Information

Name/Organization (optional) _____ City, County _____

1. Which of the following service categories best describes you or your organization?

- | | |
|--|--|
| <input type="checkbox"/> Advocacy/education | <input type="checkbox"/> Homeless shelter |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Housing provider |
| <input type="checkbox"/> Day care (adult and child) | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Economic or community development | <input type="checkbox"/> Local government |
| <input type="checkbox"/> Employment/training provider | <input type="checkbox"/> Property manager |
| <input type="checkbox"/> Financial institution/lender | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Group home | <input type="checkbox"/> Senior housing provider |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Social service provider |
| | <input type="checkbox"/> Other |

2. What is your organization's service area?

- ☐ 1...City (_____) ☐ 2...County (_____) ☐ 3...Regional ☐ 4...National
please specify please specify

Housing

Inventory/Quality

For statements 3 through 9, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

3. "There is enough housing in this community to meet the demand."

-  1  2  3  4  5

4. "The housing stock in this community is in good condition."

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. "Many dwelling units in this community are overcrowded."

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. "My community needs to focus on adding housing through new construction."

- 1 2 3 4 5

7. "My community needs to focus on improving housing through rehabilitation of existing structures."

1 2 3 4 5

8. On a scale of 1-5, how would you rate the quality of single family housing stock in this community (with 1 being Very Good and 5 being Very Poor)?

 1 2 3 4 5

9. On a scale of 1-5, how would you rate the quality of multi family housing stock in this community (with 1 being Very Good and 5 being Very Poor)?

 1 2 3 4 5

Affordability

For statements 10 through 14, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

10. "There is enough affordable single family housing in this community."

 1  2  3  4  5

11. "There is enough affordable rental housing in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

12. Please estimate the current monthly rent for the following size units. Please give a range.

Studio/Efficiency_____ 3 Bedroom_____

1 Bedroom_____ 4+ Bedroom_____

2 Bedroom_____

13. To your knowledge, what is the average value of a “starter” home? _____

14. In your opinion, which of the following housing types are needed most in your area?

☐ Multifamily apts. ☐ Retirement ☐ Rental homes
☐ Assisted living ☐ Transitional housing ☐ Single-room occupancy (SRO)
☐ Single family ☐ Emergency shelters ☐ Other (please specify) _____

At what rents _____? Purchase price _____?

15. What is the greatest impediment to owning a home?

- ☐ Coming up with a down payment
- ☐ Location
- ☐ Condition of affordable housing
- ☐ Poor or inadequate credit history
- ☐ Affordability/cost too high
- ☐ Inability to get financing or finance costs too high
- ☐ Lack of income stability, cyclical income (e.g. , due to disability)

Housing Condition

16. "Homeowners in this community can generally afford to make minor housing repairs."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

17. "Renters in this community can get landlords to make needed repairs."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Special Needs Housing

For statements 18 through 24, please indicate whether you:

1...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

18. "The housing and related needs of people who are homeless are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

19. "The housing and related needs of people with physical disabilities are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

20. "The housing and related needs of people with developmental disabilities are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

21. "The housing and related needs of people with severe and persistent mentally illnesses are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

22. "The housing and related needs of the elderly are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

23. "The housing and related needs of people with HIV/AIDS are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

24. "The housing and related needs of seasonal farm workers are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

25. For the special needs groups listed in the questions above, how can the housing and related needs be better met? Please be specific.

26. Please identify the supportive services in this community that are currently available to special needs populations. Check all that apply.

<input type="checkbox"/> Transportation	<input type="checkbox"/> Job Training	<input type="checkbox"/> Child/Adult Day Care
<input type="checkbox"/> Meals	<input type="checkbox"/> Health Care	<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Case Management	<input type="checkbox"/> Home Repair Assistance	<input type="checkbox"/> Other _____

Are these services adequate? Please explain.

Are the costs of these services reasonable?

27. Please list any supportive services that are not available but are in demand:

28. Do you feel that special needs populations are adequately aware of the services available to them?

☐ Yes ☐ No

Lead Based Paint Hazards

29. Are there adequate funds to address lead based paint hazards in housing?

☐ Yes ☐ No

30. Is there a need for funds to address lead based paint in housing with poisoned children?

☐ Yes ☐ No

31. Is there a need for a partnership between housing and health care providers to address lead based paint hazards and identified properties with hazards?

☐ Yes ☐ No

32. On a scale of 1 to 5 (with 1 being the least and 5 being the most) how much do lead abatement procedures increase the cost of providing affordable housing?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Fair Housing

For statements 33 through 42, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

33. "Zoning laws in my community (e.g., growth boundaries, minimum lot sizes) encourage segregated housing."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

34. "Minorities, large families, and persons with disabilities can obtain desirable housing in any area of my community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

35. "Landlords in my community can limit the number of children living in an apartment."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

36. "It is easy to obtain loans from financial institutions and mortgage companies in my community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

37. "Insurance companies offer policies within 100% replacement value to lower income and first time homebuyers at reasonable rates."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

38. "Lower income families are able to refinance their homes at competitive interest rates."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

39. "Housing discrimination happens in my community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

40. "The people in my community know that discrimination is prohibited in the sale and rental of housing, mortgage lending and advertising."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
41. "The people in my community know whom to contact when facing housing discrimination."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
42. "The housing enforcement agency in my community has sufficient resources to handle the amount of discrimination that may occur."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
43. Are the following barriers to housing choice? Check those that apply.
- ☐ Cost of housing ☐ Housing discrimination ☐ Distance to employment
☐ Public transportation ☐ Lack of accessibility requirements for physically disabled ☐ Age-restricted housing (e.g., elderly only)
44. Is discrimination in housing a problem in this community based on (check those that apply):
- ☐ Race ☐ Family size ☐ Language (Spanish speaking, other)
☐ Age ☐ Gender ☐ Disability (Physical, mental and HIV)
☐ Other (please identify) _____

Fair Housing Policy

45. When advertising job vacancies, does your organization state that it is an Equal Opportunity Employer?
- ☐ Yes ☐ No
46. Have any equal opportunity complaints been filed against your organization in the past five years?
- ☐ Yes ☐ No
- If yes, what was the nature of the complaints?
47. Do you have the following in this community?
- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Fair Housing Resolution/Ordinance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Affirmative Action Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equal Opportunity Ordinance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
48. Has the Resolution/Ordinance been approved by the State?
- ☐ Yes ☐ No
49. Has the community joined forces with any other group agency or organization to promote fair housing?
- ☐ Yes ☐ No
- If yes, please describe these activities.
50. Does this community have or have access to a Civil Rights Commission/Office?
- ☐ Yes ☐ No

51. Has the community identified or sought to identify any impediments to fair housing?

☐ Yes ☐ No

If yes, please describe these activities.

52. Have there been any efforts to affirmatively further fair housing issues for those in need?

☐ Yes ☐ No

If yes, please describe how these services are provided.

53. Have there been housing complaints filed against your organization in the past five years?

☐ Yes ☐ No

If yes, how many? Please describe the nature of the complaint(s).

Most Important Housing Issues

54. In your opinion, what are the three most important housing issues in your service area or community? How would you rate them on a scale of 1 to 10, where 1 is the least serious and 10 is the most serious?

<u>Issue</u>	<u>Rate</u>
_____	_____
_____	_____
_____	_____

55. If you could change elements of existing housing policy, or a single housing program, what would you change, and why? Please be specific.

56. To your knowledge, which groups of people in this community have the greatest unmet housing needs, and why? (Groups can be categorized by age, income, ethnicity, geography, disability status, etc.)

57. Are there housing policies or programs in other communities that could benefit this community? Please provide examples.

Community Development

58. In your opinion, what are the three most important non-housing community development needs in your service area or community (e.g., specific infrastructure improvements, facilities for special populations, revitalization of the central business district or targeted neighborhoods)? Please rate them on scale of 1 to 10, with 1 being the least important and 10 being the most important.

<u>Need</u>	<u>Rate</u>
_____	_____
_____	_____
_____	_____

59. To your knowledge, has the number of jobs in this community increased or decreased over the past 5 years?

☐ Increased ☐ Decreased ☐ Do Not Know

59a. Has the perception of this community gotten better or worse over the last 5 years? Why?

On a scale of 1-5, how would you rate the quality of the following (with 1 being Very Good and 5 being Very Poor)?

60. Community facilities:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

61. Water/sewer:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

62. Economic development:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

63. Public infrastructure:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Housing and Community Development Programs

64. Are you aware of the following programs administered by the Indiana Department of Commerce (IDOC) and the Indiana Housing Finance Authority?

Community Focus Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing from Shelters to Homeownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CHDO Works	<input type="checkbox"/> Yes	<input type="checkbox"/> No

65. Has this community applied for and/or utilized the following funding sources for local projects?

Community Focus Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing from Shelters to Homeownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foundations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CHDO Works	<input type="checkbox"/> Yes	<input type="checkbox"/> No

65a. If yes, how has this community utilized program funding?

Program: _____ How used: _____

66. Do you have any suggestions on how IDOC and IHFA can improve these programs? Please explain.

Program: _____ Suggestions for improvement: _____

67. Have you heard of the Housing Opportunities for People with AIDS (HOPWA) program?

☐ Yes ☐ No

68. Do you know how to access HOPWA funding (e.g., agency to contact, process of applying for funding, etc.)?

☐ Yes ☐ No

69. What is most needed in your community to meet the needs of persons with HIV/AIDS?

<input type="checkbox"/> Housing information	<input type="checkbox"/> Rental housing
<input type="checkbox"/> Single family housing	<input type="checkbox"/> Assistance with utilities
<input type="checkbox"/> Assistance with rental/mortgage payments	<input type="checkbox"/> Supportive services
<input type="checkbox"/> Operating subsidies for HIV/AIDS housing	<input type="checkbox"/> Other _____.

70. Do you have suggestions for how IHFA can better implement the HOPWA program?

71. Have you heard of the Emergency Shelter Grant (ESG) program?

☐ Yes ☐ No

72. Do you know how to access ESG funding (e.g., agency to contact, process of applying for funding, etc.)?

☐ Yes ☐ No

73. What is most needed in your community to meet the needs of persons who are homeless?

<input type="checkbox"/> Housing information	<input type="checkbox"/> Emergency shelters
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Supportive services
<input type="checkbox"/> Operating subsidies for shelters	<input type="checkbox"/> Homeless prevention activities
	<input type="checkbox"/> Other _____.

74. Do you have suggestions for how the state can better implement the ESG program?

Suggestions for improvement:

APPENDIX D.
Community Plan Participation

APPENDIX D.

Citizen Participation Plan

The Citizen Participation Plan described below is the evolution and actualization of many years of thoughtful broad base and targeted planning. It was drafted in accordance with Section 91.401 of HUD's State Consolidated Plan regulations. The plan was developed around a central concept that acknowledges residents as stakeholders and their input as key to any improvements in the quality of life for the residents who live in the community.

Each year the Citizen Participation Plan is revised to enhance the participation efforts of the previous year; this year was no different. The emphasis of the plan is to provide citizens in the State of Indiana maximum involvement in the development of issues and program initiatives. Every year the citizen participation plan is designed to provide citizens equal access to become involved in the planning process regardless of age, gender, race, ethnicity, disability and economic level. Each year there is a special effort to reach sub-populations who are marginalized in most active participation processes. For example, in 2001 the Citizen Participation Plan included regional forums targeted to persons with disabilities. In 2002, information on the Citizen Participation process was distributed in Spanish as well as English, to encourage participation by the State's Spanish-speaking populations. Thus, we can safely say from the onset of the first community forum to the distribution of the surveys and writing of the plan, the voices of Indiana residents, government officials, nonprofit organizations, special needs populations and others were heard loud and clear and have been reflected in the drafting of the document.

The participation process was developed and monitored by a Consolidated Planning Coordinating Committee consisting of representatives from the Indiana Department of Commerce (IDOC), the Indiana Housing and Finance Authority (IHFA) and the Indiana Family and Social Services Administration (FSSA). The committee also includes representatives from the Indiana Association for Community and Economic Development (IACED), the Indiana Civil Rights Commission (ICRC), the Indiana Coalition on Housing and Homeless Issues (ICHHI), Rural Opportunities, Incorporated, and the Indiana Institute on Disability and Community. In 2002, the Coordinating Committee added two new members who represented the community of persons who are disabled. In addition, the State representative from the U.S. Department of Housing and Urban Development served as an advisor to the committee. The purpose of the committee was to monitor the drafting of the plan from initiation to submission.

The participation process. The participation process included six phases and took six months to complete. There were multiple approaches used to inform residents of the process and then gather community opinions. Citizens throughout the State were actively sought to participate and provide input into the process. The process entailed six phases: Phase I. Development of Process Resources and Distribution of Process Information; Phase II. Forum Preparation and Implementation; Phase III. Target Population Survey Distribution; Phase IV. Strategic Action and Allocation Plan Development; Phase V. Public Hearing; and Phase VI - Comment Period.

Phase I. Resources Development and Distribution of Process Information. During the month of January 2002, brochures were designed to be informational invitations to all Indiana stakeholders. Like the former year's brochure, the design included a general description of the Consolidated Plan and its purpose, a list of regional forums and times, and a brief description of the four housing and community development grant programs and the three administering agencies. In 2002, the brochures were also translated and printed in Spanish. The brochure also included contact information about the many ways citizens can become involved in the process, including methods of submitting public comments. Brochures in both English and Spanish were sent to more than 4,000 individuals and agencies. A copy of the brochures can be found at the end of this section.

Phase II. Forum Preparation and Implementation. Six regional forums were planned and implemented. The forums were regionally distributed with two in the northern, two in the southern and two in the central counties of the State. The forums were scheduled to begin at 3:00 p.m. and last approximately two hours. All of the sites selected for the forums were accessible to persons with disabilities. Community residents and agency representatives were informed of the meetings using many methods: brochures, personal contacts with agencies and media releases.

Each forum included the same format. Participants were asked to complete two exercises identifying the housing and community development needs in their areas. Like last year, agency representatives provided a ten minute presentation on their HUD funded programs and contact information. In addition, the forums included a presentation from the Indiana Civil Rights Commission on fair housing.

After introductions, participants were divided into groups to complete the community top issues exercises. Participants were asked to list their community's top issues in five areas including community/infrastructure, housing, economic development/workforce development, emergency shelter, and fair housing. This exercise was followed by agency presentations that provided forum participants the opportunity to determine whether there was a program to address the issues developed during the first exercise. Participants were then asked to consider the State programs available to meet their community needs and to list any program gaps. The forum ended with group presentations and participants having the opportunity to meet with agency program representatives.

This year the forums also included a program evaluation exercise conducted by the Indiana Housing Finance Authority. The purpose of the exercise was to solicit input from citizens, grantees and organizations about the programs currently funded with HOME dollars. The exercise was scheduled one hour before each of the forums.

The forums resulted in information provided by participant groups that were used to revise the five year Strategic Plan, develop the One Year Action Plan and craft the agency allocation plans for the FY2002 program year.

Phase III. Key Person Survey Distribution. During February 2002, more than 3,000 surveys were sent to local government leaders, providers of housing, health, and other community services, members of housing and community coalitions, and other interested parties. The response rate on the surveys was 14 percent. The cover letter accompanying the surveys contained information about

other elements of the citizen participation process, including the dates and time of the regional forums, the public hearings and the public comment period. Survey results are presented in Section III of the Consolidated Plan.

Phase IV. Strategic Action and Allocation Plan Development. After the survey and forum data had been analyzed, the Consolidated Plan Coordinating Committee held a workshop to evaluate the five year Strategic Plan crafted in FY2000 and develop the One Year Action Plan for FY2002. Development of the Action Plan was a threefold process. First, members of the Committee read draft sections of the Consolidated Plan individually. Second, the results of the key person survey and forums were presented and discussed at the workshop. The Committee then completed an exercise that compared the identified needs to the action items developed as part of the five year Plan, discussed any gaps, and worked together to revise the five year Strategic Plan and develop a new One Year Action Plan.

Phase V. Public Hearing. Citizens and agency representatives were notified of the publication of the draft during the forums and by public notification in newspapers throughout the State. Those attending the forums were sent executive summaries of the report and a draft of the report was posted on the Indiana Housing Finance Authority and the Indiana Department of Commerce's websites.

On April 8 and 9, 2002, public hearings were held in Noblesville and Columbus. The hearings were held from 4:00 p.m. to 6:00 p.m. During the session, executive summaries of the Plan were distributed and instructions on how to submit comments were given. In addition, participants were given an opportunity to provide feedback or comment on the draft. A copy of the handouts distributed during the public hearings is attached to this section.

Phase VI. Comment Period. The 30 day comment period began on April 1 and continued through April 30, 2002. During the comment period, copies of the draft Plan were provided on agency websites; executive summaries were also distributed to the public. Residents were provided information on how to submit comments and suggestions on the draft.

The State responded to the public comments received at the end of the 30 day comment period. This year a record number of written comments were received. Copies of the public comments and the State's response are included in Appendix E.

Indiana Department of Commerce
Controller's Office
Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, Indiana 46204-2248



Indiana Consolidated Plan

The State of Indiana requests your help in determining how housing and community development funds should be spent in the State during 2002.

Each year the U.S. Department of Housing and Urban Development (HUD) provides funding to states for housing and community development programs. To receive these funds, each state must complete a report called the Consolidated Plan.

The State of Indiana is currently writing its Consolidated Plan report for 2002, and we need your input!

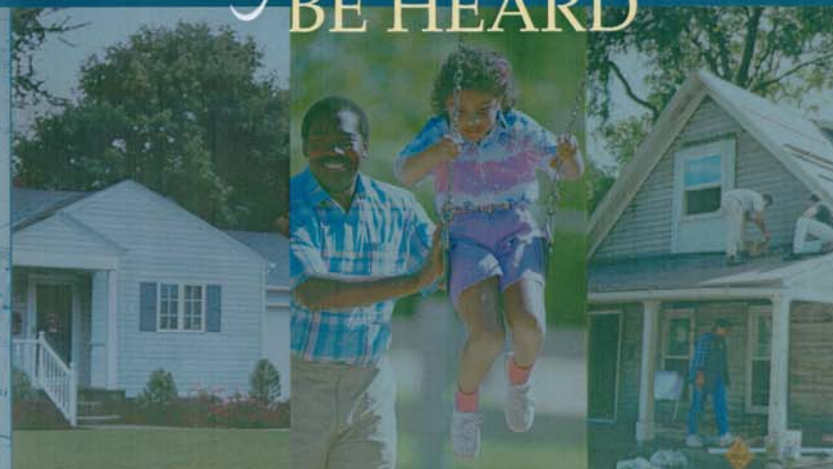
By voicing your opinion about issues of housing, homelessness and community economic development you will help shape the future of your community and the State. See inside for further details and ways to get involved.

We'll be waiting to hear from you!

plan your
FUTURE

Speak out &
BE HEARD

2002



program DETAILS

INVOLVE yourself



COMMUNITY DEVELOPMENT BLOCK GRANTS (CDBG)

Purpose: CDBG grants are made to communities for construction or improvements of infrastructure including sewers and waterlines, main street revitalization, public facilities (e.g., community centers) and special needs facilities. The program offers both financial and technical assistance. Each year, a portion of CDBG funding is allocated to housing programs administered by the Indiana Housing Finance Authority (IHFA).

Agency: Indiana Department of Commerce (IDOC).

Contact Information: Community Development Office at 317.232.8911 or, for housing programs, contact IHFA at 1.800.872.0371 or 317.232.7777.

HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)

Purpose: HOME grants are made to provide decent, safe and affordable housing to the citizens of Indiana. Funds are provided for a variety of activities, including rehabilitation of owner-occupied and rental housing, housing purchase assistance, provision of transitional housing, and housing development.

Agency: Indiana Housing Finance Authority (IHFA).

Contact Information: IHFA Development Specialist at 1.800.872.0371 or 317.232.7777. Or visit IHFA's website at www.indianahousing.org.

EMERGENCY SHELTER GRANTS (ESG)

Purpose: The ESG program is designed to help improve the quality of existing emergency shelters for the homeless, create additional emergency shelter space, help shelters meet operating costs, and prevent homelessness.

Agency: Family and Social Service Agency (FSSA).

Contact Information: Emergency Shelter Program Specialist, Renitra Moore-Marion at 317.232.7117, or 1.800.622.4973.

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)

Purpose: HOPWA provides housing assistance and related services for low-income persons with HIV/AIDS and their families. Eligible activities include tenant based housing assistance, housing development and rehabilitation, supportive services, technical assistance, operating costs of housing and short-term rent, and utility and mortgage assistance to prevent homelessness.

Agency: Indiana Housing Finance Authority (IHFA).

Contact Information: HOPWA Coordinator, Lisa Coffman, at 317.232.7777, or 1.800.872.0371, or visit IHFA's website at www.indianahousing.org.

Regional Forum Schedule

March 4th, 2002

Covington
Riverbend Center
1327 2nd Street
Covington, IN 47932
3 to 5 p.m. Local Time

March 5th, 2002

Plymouth
Plymouth Public Library
201 N. Center, Laramore Room 2
Plymouth, IN 46563
3 to 5 p.m. Local Time

March 6th, 2002

Warren
Knight Civic Center
132 S. Nancy Street
Warren, IN 46792
3 to 5 p.m. Local Time

March 11th, 2002

Princeton
Princeton City Hall
310 West State Street
Princeton, IN 47670
3 to 5 p.m. Local Time

March 12th, 2002

Jeffersonville
Gilt Baptist Church
1723 Green Street
Jeffersonville, IN 47130
3 to 5 p.m. Local Time

March 13th, 2002

Richmond
IU - Whitewater Hall
2325 Chester Boulevard
Richmond, IN 47374
3 to 5 p.m. Local Time

You can participate in the Consolidated Plan process by attending one of the regional forums, or a public hearing, or by sending us your written comments.

REGIONAL FORUMS

Citizens, service and housing providers, advocates, and elected officials will come together to discuss the most pressing needs in their communities. The forums will include presentations by the Consolidated Plan Committee that describe the HUD programs and how to apply for funding. The schedule for the 2002 forums is located at the left. Please try to join us!

Before the forums, between 2 and 3 p.m., IHFA will be holding comment sessions to receive input about their housing programs. For more information, contact Sheryl Sharpe at 317.232.7023.

PUBLIC HEARINGS

The Consolidated Plan Committee will hold two public hearings about how the state plans to allocate 2002 housing and community development funding. The hearings will be held in Noblesville and Columbus on April 8th and 9th between 4 and 6 P.M. Call 1.800.842.2476 for locations and more information.

WRITTEN COMMENTS

If you are unable to attend the forums and the public hearings, make sure that you send us a letter detailing your ideas about how funding should be allocated in the state. Send your comments to:

Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, Indiana 46204-2248

NEED MORE INFORMATION?

Contact Kelly Boe at the Indiana Department of Commerce at: **1.800.824.2476** or **317.232.8800**

You may also access the plan and send comments through the Indiana Housing Finance Authority's website at: **www.indianahousing.org**.

Indiana Department of Commerce
Controller's Office
Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, Indiana 46204-2248



El Plan Consolidado de Indiana

El Estado de Indiana solicita su ayuda para determinar como deberían ser invertidos los fondos para Vivienda y Desarrollo de la Comunidad durante el año 2002.

Cada año, el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD) provee fondos a los estados para ser invertidos en programas de vivienda y desarrollo comunitario. Para recibir estos fondos, cada estado debe completar un reporte llamado el Plan Consolidado (Consolidated Plan).

El Estado de Indiana esta actualmente preparando su reporte del Plan Consolidado para el año 2002 y nosotros necesitamos sus sugerencias!

Al emitir sus opiniones acerca de temas como vivienda, desamparo y desarrollo economico de la comunidad, usted ayudara a perfilar el futuro de su comunidad y estado.

Vea dentro de este pamfletto mas detalles y maneras de involucrarse.

Estamos esperando saber de usted!

Planee su
FUTURO

de su opinion y
SEA ESCUCHADO



2002

detalles del PROGRAMA



PARTICIPEN hoy!

COMMUNITY DEVELOPMENT BLOCK GRANTS (CDBG)

Proposito: Las donaciones de CDBG se hacen a comunidades con el objeto de construir o mejorar la infraestructura incluyendo alcantarillado, restauracion de calles principales, servicios publicos (ej. centros comunitarios) y facilidades dirigidas a necesidades especiales. El programa ofrece asistencia financiera y tecnica. Cada año, una parte de los fondos de CDBG son colocados para programas de vivienda, los que son administrados por el Indiana Housing Finance Authority (IHFA).

Agencia: Indiana Department of Commerce (IDOC).

Informes: Community Development Office al tel 317.232.8911 o para programas de vivienda llame a IHFA al 1.800.872.0371 o al 317.232.7777.

HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)

Proposito: Las donaciones HOME se realizan para proveer de vivienda decente, segura y al alcance de los ciudadanos de Indiana. Los fondos son suministrados para una serie de actividades incluyendo rehabilitación de desalojo y alquiler de vivienda, ayuda para compra de vivienda y provision de vivienda transitoria (temporal) y desarrollo habitacional.

Agencia: Indiana Housing Finance Authority (IHFA).

Informes: IHFA Development Specialist al tel. 1.800.872.0371 o 317.232.7777.

O visite la pagina WEB a www.indianahousing.org.

EMERGENCY SHELTER GRANTS (ESG)

Proposito: El programa ESG esta diseñado para ayudar a mejorar la calidad de los albergues de emergencia existentes para los desamparados, crear espacios adicionales en los albergues de emergencia, ayudar a los albergues a cubrir los costos operativos y prevenir el desamparo.

Agencia: Family and Social Service Agency (FSSA).

Informes: Emergency Shelter Program Specialist, Renitra Moore-Marion al tel. 317.232.7117, o al 1.800.622.4973.

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)

Proposito: HOPWA provee asistencia habitacional y servicios relacionados, con el objeto de servir a personas de escasos recursos contagiados con el virus del sida (HIV) y sus familias. Las actividades elegibles incluyen ayuda a inquilinos, desarrollo habitacional y rehabilitación, servicios de ayuda, asistencia tecnica, costos operativos de vivienda y renta a corto-plazo, servicios publicos y asistencia hipotecaria con el fin de prevenir el desamparo.

Agencia: Indiana Housing Finance Authority (IHFA).

Informes: HOPWA Coordinator, Lisa Coffman, al tel. 317.232.7777, o al 1.800.872.0371. O visite la pagina WEB www.indianahousing.org.

Horario de Foros Regionales

Marzo 4, 2002

Covington
Riverbend Center
1327 2nd Street
Covington, IN 47932
3 a 5 p.m. Hora Local

Marzo 5, 2002

Plymouth
Plymouth Public Library
201 N. Center, Laramore Room 2
Plymouth, IN 46563
3 a 5 p.m. Hora Local

Marzo 6, 2002

Warren
Knight Civic Center
132 S. Nancy Street
Warren, IN 46792
3 a 5 p.m. Hora Local

Marzo 11, 2002

Princeton
Princeton City Hall
310 West State Street
Princeton, IN 47670
3 a 5 p.m. Hora Local

Marzo 12, 2002

Jeffersonville
Gilt Baptist Church
1723 Green Street
Jeffersonville, IN 47130
3 a 5 p.m. Hora Local

Marzo 13, 2002

Richmond
IU - Whitewater Hall
2325 Chester Boulevard
Richmond, IN 47374
3 a 5 p.m. Hora Local

Usted puede participar en el proceso del Plan Consolidado asistiendo a uno de los foros regionales, o una audiencia publica, o enviando sus comentarios por escrito.

FOROS REGIONALES

Ciudadanos, proveedores de servicios habitacionales, defensores legales y oficiales elejidos vendran a discutir las mas urgentes necesidades en sus comunidades. Los foros incluiran presentaciones del Comité del Plan Consolidado que describen el programa HUD y como aplicar para los fondos. El horario para los foros el año 2002 esta localizado a la izquierda. Unase a nosotros!

Antes de los foros, entre las 2 y 3 p.m., IHFA sostendra sesiones de comentario para recibir comentarios sobre los programas de vivienda. Para mas informacion, por favor llame a Sheryl Sharpe al tel. 317.232.7023.

AUDIENCIAS PUBLICAS

El Comité del Plan Consolidado sostendra dos audiencias publicas acerca de como el estado planea colocar fondos para vivienda y desarrollo comunitario. Las audiencias se llevaran a cabo en Noblesville y Columbus los dias 8 y 9 de Abril entre las 4 y 6 p.m. Llame al tel 1.800.842.2476 para locales y mas informacion.

COMENTARIOS POR ESCRITO

Si usted no ha podido asistir a los foros y audiencias publicas, asegurese de enviar una carta detallando sus ideas acerca de como los fondos deberian ser colocados en el estado. Envie sus comentarios a:

Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, Indiana 46204-2248

NECESITA MAS INFORMACION?

Llame a Kelly Boe al Indiana Department of Commerce al tel.: **1.800.824.2476 o 317.232.8800**

Tambien usted puede acceder el plan y enviar comentarios a traves de la pagina WEB: www.indianahousing.org.



920 E. Greenville Pike
Winchester, IN 47394
(765) 584-5591
(888) 584-4746

Local News

News from the Richmond area

Area Sports

Local and regional sports coverage.

Obituaries

Today's obituaries from the Palladium-Item

Today lifestyles

People to know, places to go

Opinion

Editorials, letters, and columnists

Weather

Forecast and latest conditions

Nation/World

Breaking headlines from The Associated Press

Technology

Your guide to the 'Net, gadgets, games and more.



[Email this story](#)

Thursday, March 14, 2002

Community brainstorms uses for HUD funding

Local development: Richmond vies for money for projects

By Sherita Searcy

For the Palladium-Item

City officials think Richmond needs sewer improvements, accessible housing for the disabled and more emergency assistance money.

Grants from the Indiana Housing and Urban Development Fund might be able to help finance those projects the city can make a case for funding.

More than 30 community members and city representatives grouped in four teams at Indiana University East on Wednesday to discuss the community's needs.

They brainstormed in a four-hour session and presented community needs to the Indiana Housing Finance Authority, Indiana Department of Commerce, and Indiana Family and Social Service Agency.

Richmond Mayor Shelley Miller questioned why Richmond receives no HUD funding while other Indiana cities of similar size do receive grants. She pointed to New Albany's \$900,000 in HUD grants as an example.

Available funds at a glance

- Indiana Department of Commerce - \$38 million that can be used for economic development, planning expenses, emergency situations, affordable housing and environmental infrastructure.
- Indiana Housing Finance Authority - \$21 million for low-income housing and associated programs
- Indiana Family and Social Service Programs -- \$700,000 for homelessness, service grants, domestic violence shelter, pregnant teens and related programs.

"We have to compete each year for funds that we still are not receiving, and our programs are falling behind because of it," Miller said.

Richmond has not received HUD grants since 1996, because the city has to spend HUD money from its Revolving Loan Fund of a half million dollars before the city can qualify and secure any other grants.

Kelly Boe of the Indiana Department of Commerce said Richmond has failed in securing funds because of the revolving account. "We want to make sure we are not knocking another community out who needs the money," Boe said.

Cambridge City resident Todd Stigleman said the forum was a good way to find out what is really needed in the community.

"Learning what is important is the first step toward improvement," he said.

Stigleman attended the forum because he is concerned Cambridge City's old school building might be demolished for a gas station.

YWCA director Rebecca Studebaker said she is glad to see that Richmond might benefit from HUD grants. "Richmond is a growing community, and funding will only add to it," she said.

Committee members reviewed ideas from local representative and will compile those results with the needs of Covington, Plymouth, Warren, Princeton and Jeffersonville to determine grant allocations.

"At least they heard what we had to say," Miller said.

NCAA Tournament begins tonight with play-in game: Sports, Page B1

Palladium-Item



002 *Call P.O. Denise Leitch* www.pal-item.com

Richmond, Ind. 35 cents

Input sought on HUD money

Richmond: Officials plan public forum for Wednesday at IU East

By Bill Engle

Staff writer

Richmond is preparing to get loud.

City officials are planning a very public appeal Wednesday when three state agencies play host to a public forum at Indiana University East to get input on where to spend federal Housing and Urban Development dollars.

Commerce department

officials and officials from the Indiana Housing Finance Authority and the Indiana Family and Social Services Administration — the agencies through which federal HUD money flows to local communities — want to hear first hand what citizens want done with those dollars.

"Government and non-profits are great but that's one side of the coin," said Kelly Boe, spokeswoman for the commerce department. "We like to also hear from the actual citizen. That's why we're coming to your town."

The Indiana Department of Commerce, the Indiana Housing Finance Authority and the Indiana Family and Social Services Agency will hold a public forum at 3 p.m. Wednesday in the Whitewater Hall at Indiana University East in Richmond. The event is designed to take public comment on how

The Richmond forum is the last of six being held around the state. At stake is \$57 million the agencies will give out through Com-

munity Development Block Grants, Home Investment Partnership grants and other programs.

Richmond has received these agencies might spend U.S. Department of Housing and Urban Development money on local programs. The money can be used for a variety of programs for low- to moderate-income families, including:

- Housing repair and renovation

- Infrastructure improvements including sewer and storm sewer repairs

- Assistance to businesses for start ups or expansion that would create jobs

- Elimination of slums or blighted areas

- Assistance to home-

less, battered spouses and persons with HIV/AIDS

Public comments can also be submitted by mail by writing to: Kelly Boe, Indiana Department of Commerce, Grants Management Office, One North Capitol, Suite 700, Indianapolis, IN 46204-228.

for more.

"That's why we need to be there," said Richmond Mayor Shelley Miller. "It's

Please see HUD, Page A4

HUD

CONTINUED FROM PAGE A1

vital that we communicate our needs because our needs are not going away. That's why we're getting loud."

In the past, Community Development Block Grants have been used to tear out the Promenade, to renovate Townsend Community Center and to buy an aerial fire truck.

This time around the city hopes to use the funds to repair

the city's aging sewer system, to help with housing, especially to promote home ownership and renovation, and to help businesses in blighted areas add jobs.

The theme of the grants in general is to benefit low to moderate income citizens or to eliminate a slum or blighted area.

"We can really do a lot of things with these grants, but we have to let them know we're out here," said City Grants Administrator Tony Foster. "We need to get a program going here so we can have that continual flow (of federal money) like the larger cities do."

One resident who would love to see grant money used to repair the city's sewer and storm system is Paul Medvin. Medvin and his wife Kate manage several rental properties, including one on South B Street that periodically gives the couple a nightmare of sewage water in its basement during hard rains.

"Whatever they can do to come up with money to fix the problem is fine with me," Paul Medvin said. "Just don't take it out of my pocket. I've had this problem for 16 years and it's been enough of an expense."

CITIZEN PARTICIPATION PLAN INDIANA DEPARTMENT OF COMMERCE (STATE)

The State of Indiana, Department of Commerce, pursuant to 24 CFR 91.115, 24 CFR 570.431 and 24 CFR 570.485(a) wishes to encourage maximum feasible opportunities for citizens and units of general local government to provide input and comments as to its Methods of Distribution set forth in the Department's annual Consolidated Plan for CDBG funds submitted to HUD as well as the Department's overall administration of the State's Small Cities Community Development Block Grant (CDBG) Program. In this regard, the Department of Commerce will perform the following:

1. Require each unit of general local government to comply with citizen participation requirements for such governmental units as specified under 24 CFR 570.486(a), to include the requirements for accessibility to information/records and to furnish citizens with information as to proposed CDBG funding assistance as set forth under 24 CFR 570.486(a)(3), provide technical assistance to representatives of low-and-moderate income groups, conduct a minimum of two (2) public hearings on proposed projects to be assisted by CDBG funding, such hearings being accessible to handicapped persons, provide citizens with reasonable advance notice and the opportunity to comment on proposed projects as set forth in Title 5-3-1 of Indiana Code, and provide interested parties with addresses, telephone numbers and times for submitting grievances and complaints.
2. Consult with local elected officials and the Department's Grant Administrator Networking Group in the development of the Method of distribution set forth in the State's Consolidated Plan for CDBG funding submitted to HUD.
3. Publish a proposed or "draft" Consolidated Plan and afford citizens, units of general local government, and the CDBG Policy Advisory committee the opportunity to comment thereon;
4. Furnish citizens and units of general local government with information concerning the amount of CDBG funds available for proposed community development and housing activities and the range/amount of funding to be used for these activities;
5. Hold one (1) or more public hearings respective to the State's proposed/draft Consolidated Plan, on amendments thereto, duly advertised in newspapers of general circulation in major population areas statewide pursuant to I.C. 5-3-1-2 (B), to obtain the views of citizens on proposed community development and housing needs. The Consolidated Plan Committee published the enclosed legal advertisement to twelve (12) regional newspapers of general circulation statewide respective to the public hearings (April 23 and April 24, 2002) held on the 2002 Consolidated Plan Update. In addition, this notice was distributed by mail to over 3,000 local officials, non-profit entities, and interested parties statewide in an effort to maximize citizen participation in the FY 2002 consolidated planning process:

**The Republic, Columbus, IN
Indianapolis Star, Indianapolis, IN
The Journal-Gazette, Fort Wayne, IN
The Chronicle-Tribune, Marion, IN
The Courier Journal, Louisville, KY
Gary Post Tribune, Gary, IN
Tribune Star, Terre Haute, IN**

**Journal & Courier, Lafayette, IN
Evansville Courier, Evansville, IN
South Bend Tribune, South Bend, IN
Palladium-Item, Richmond, IN
The Times, Munster, IN**

6. Provide citizens and units of general local government with reasonable and timely access to records regarding the past and proposed use of CDBG funds,
7. Make the Consolidated Plan available to the public at the time it is submitted to HUD, and;
8. Follow the process and procedures outlined in items 2 through 7 above with respect to any amendments to a given annual CDBG Consolidated Plan and/or submission of the Consolidated Plan to HUD.

In addition, the State also will solicit comments from citizens and units of general local government on its CDBG Performance Review submitted annually to the U.S. Department of Housing and Urban Developments (HUD). Prior to its submission of the Review to HUD, the State will advertise regionally statewide (pursuant to I.C. 5-3-1) in newspapers of general circulation soliciting comments on the Performance and Evaluation Report.

The State will respond within thirty (30) days to inquiries and complaints received from citizens and, as appropriate, prepare written responses to comments, inquiries or complaints received from such citizens.

**NOTICE OF PUBLIC HEARING
FY 2002 CONSOLIDATED PLAN FOR FUNDING**

**INDIANA DEPARTMENT OF COMMERCE
INDIANA HOUSING FINANCE AUTHORITY
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA DEPARTMENT OF HEALTH**

Pursuant to 24 CFR Part 91.115(a)(2), the State of Indiana wishes to encourage citizens to participate in the development of the State of Indiana Consolidated Plan for 2002. In accordance with this regulation, the State is providing the opportunity for citizens to comment on the 2002 Consolidated Plan Update draft report, which will be submitted to the US Department of Housing and Urban Development (HUD) on or before May 15, 2002. The Consolidated Plan defines the funding sources for the State of Indiana's four (4) major HUD-funded programs and provides communities a framework for defining comprehensive development planning. The FY 2002 Consolidated Plan will set forth the method of distribution of funding for the following state agencies and HUD-funded programs:

**Indiana Department of Commerce - State Community Development Block Grant (CDBG) Program
Indiana Housing Finance Authority - Home Investment Partnership Program
Indiana Housing Finance Authority - Housing Opportunities for Persons With Aids Program
Indiana Family and Social Services Administration - Emergency Shelter Grant Program**

These public hearings will be conducted as follows:

**April 8, 2002 – Noblesville Council Chamber
Noblesville City Hall
16 South 10th Street
Noblesville, IN 46060**

**April 9, 2002 – Columbus City Hall
123 Washington Street
Columbus, IN 47201**

If you are unable to attend the public hearings, written comments are invited through April 30, 2002, at the following address:

**Grants Management Office
Indiana Department of Commerce
One North Capitol - Suite 700
Indianapolis, IN 46204-2288**

Please direct all questions to the Grants Management Office of the Department of Commerce at its toll free telephone number (800-246-7064) during normal business hours.

State of Indiana FY2002 Consolidated Plan Update

Public Hearings April 8 & 9, 2002

Heidi Aggeler
BBC Research & Consulting
3773 Cherry Creek N. Dr., # 850
Denver, Colorado 80209
aggeler@bbcresearch.com

Dr. Linda Keys
The Keys Group
5205 West Tamarac Drive
Muncie, Indiana 47304

Rules of the Meeting

To ensure that everyone in attendance has a chance to voice their opinion, please observe the following rules:

- ★ Please hold your comments to 2 minutes on each subject. This will give everyone an equal chance to make comments.
- ★ Please do not interrupt or debate others. There are no right or wrong answers.
- ★ If you have more to say, or have very detailed questions about programs, visit with us after the hearing.

Purpose of the Consolidated Plan

In 1995, the U.S. Department of Housing and Urban Development (HUD) began requiring states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding.

The purpose of the Consolidated Plan is:

- ★ To identify a state's housing and community development needs, priorities, goals and strategies; and
- ★ To stipulate how funds will be allocated to state housing and community development non-profit organizations and local governments.

2002 Consolidated Plan Funding Allocation

If the Con Plan is approved, the State of Indiana will receive \$57 million for fiscal year 2002 to address identified needs, priorities and strategies. The money will be allocated as follows:

Agency	Amount
Indiana Department of Commerce (CDBG)	\$37,879,000
Indiana Housing Finance Authority (HOME)	16,447,000
Indiana Housing Finance Authority (HOPWA)	751,000
Indiana Family and Social Services Administration (ESG)	<u>1,747,000</u>
Total Funding	\$56,824,000

Guiding Principles in Program Allocation

- ★ Focus on the findings from citizen participation efforts (public forums, community surveys, public comments);
- ★ Allocate program dollars to their best use, with the recognition that non-profits and communities vary in their capacities and that some will require more assistance and resources;
- ★ Recognize that the private market is a viable resource to assist the State in achieving its housing and community development goals;
- ★ Emphasize flexibility in funding allocations, and de-emphasize geographic targeting;

Guiding Principles (continued)

- ★ Maintain local decision making and allow communities to tailor programs to best fit their needs;
- ★ Leverage and recycle resources, wherever possible; and
- ★ Understand the broader context within which housing and community development actions are taken, particularly in deciding where to make housing and community development investments.

Citizen Participation Process

Citizens participated in the Consolidated Planning process through:

- ★ Attending regional public forums: 187 people participated in the regional forums held in six cities throughout the State;
- ★ Responding to a community survey: 417 local government officials, community leaders, housing & service providers, advocates, and citizens were surveyed about housing and community development issues;
- ★ Writing and emailing the Consolidated Plan Committee; and
- ★ Being here today!

What Secondary Data Revealed

Socioeconomic

- ★ Population in 2000: 6,080,485. Growth, 1990-2000: 9.7 percent. Population growth is expected to slow to 2.8 percent between 2000 and 2005. Growth is likely to be strongest in counties surrounding urban areas.
- ★ The State is growing older and will continue to age. Growth will be strongest for those between 40 and 60 years old, and over 60.
- ★ The State grew more racially and ethnically diverse between 1990 and 2000.
- ★ Job growth will be slightly lower than in the past 5 years and growth will be concentrated in the service sector.

What Secondary Data Revealed (continued)

Housing Market

- ★ Homeownership rate = 66 percent, the same as the national rate
- ★ 2001 homeownership vacancy rate = 1.6 percent
2001 rental vacancy rate = 10.3 percent
- ★ Median priced single family home, 2000 = \$94,767
- ★ Median monthly rent, 2000 = \$521
- ★ 16 percent of the State's homeowners and 35 percent of the State's renters are "cost burdened"

What Survey Respondents Told Us

- ★ Top housing needs: Affordable single family housing, affordable rentals, transitional housing.
- ★ Special populations with greatest needs: persons who are homeless, persons with mental illnesses, persons with disabilities.
- ★ Top community development needs: economic development and public infrastructure.
- ★ Barriers to housing choice: housing cost, transportation, distance between work and home.

Needs Identified in Forums

- ★ Increased shelter funding
- ★ Licensed day care affordable to low income families
- ★ Emergency housing
- ★ Rental assistance
- ★ High cost of infrastructure (e.g., roads, sewers, storm water, water treatment)
- ★ Public transportation in smaller communities to jobs and services, inter and intra
- ★ Homeownership counseling
- ★ Affordable quality housing
- ★ Emergency housing construction in all areas
- ★ Emergency shelter insufficient/relieve overcrowding

Evaluation of the FY2000 Year Plan

The Committee considered the following in auditing the FY2000 Strategies & Action Plan:

- ★ What are the top needs identified through the community survey, regional forums, and analysis of secondary data?
- ★ Are the 2002 needs different than those identified for the FY2000 planning period? If so, how?
- ★ What programs or activities are currently in place to serve these needs?
- ★ Where are the remaining gaps?
- ★ How should the gaps be addressed and through what funding source?

Five Year Consolidated Plan, Top Level Goals

- ★ Expand and preserve affordable rental opportunities.
- ★ Enhance affordable homeownership opportunities.
- ★ Promote livable communities and community redevelopment.
- ★ Enhance workforce development activities.
- ★ Strengthen and expand the State's continuum of care for persons who are homeless.
- ★ Strengthen the safety net of housing and services for special needs groups.
- ★ Enhance the local capacity for housing and community development.

CDBG FY2002 Allocation Plan

Community Focus Fund	\$24,642,630
Housing Program	\$5,000,000
Community Economic Development Fund	\$4,000,000
Brownfield Initiative	\$1,400,000
Technical Assistance Fund	\$378,790
Planning Fund	\$1,600,000
Administration	\$857,580

HOME FY2002 Allocation Plan

Housing from Shelters to Homeownership

Emergency Shelters	\$500,000
Youth Shelters	\$500,000
Transitional Housing	\$1,500,000
Migrant Farmworker Housing	\$500,000
Rental Units	\$3,100,000
Homebuyer Units	\$2,142,300
Owner Occupied Rehabilitation	\$3,900,000
Homeownership Counseling/ Downpayment Assistance	\$2,000,000
CHDO Works	\$660,000
HOME/RHTZ	\$4,000,000
Foundations	\$1,000,000
Administration	\$1,644,700

ESG FY2002 Allocation Plan

Essential Services	\$344,000
Shelter Operations	\$1,160,000
Homeless Prevention	\$182,000
Administration	\$63,000

HOPWA FY2002 Allocation Plan

Region 1	Lake, LaPorte, Porter	\$209,700
Region 2	Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke	\$98,800
Region 3	Adams, Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, Whitley	\$94,529
Region 4	Benton, Carroll, Clinton, Fountain, Jasper Montgomery, Newton, Tippecanoe, Warren, White	\$36,160
Region 5	Cass, Howard, Miami, Tipton	\$26,052
Region 6	Blackford, Delaware, Grant, Jay, Randolph	\$41,712
Region 8	Clay, Parke, Putnam, Sullivan, Vermillion, Vigo	\$57,372
Region 9	Decatur, Fayette, Franklin, Henry, Ripley, Rush Union, Wayne	\$26,907
Region 10	Bartholomew, Brown, Greene, Lawrence, Monroe, Owen	\$52,817
Region 11	Crawford, Jackson, Jefferson, Jennings, Orange, Switzerland, Washington	\$11,816
Region 12	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick	\$72,605

A Sample of What's New for FY2002

- ★ Continuation of the State's current programs and activities
- ★ Research statewide homebuyer counseling program
- ★ Continue statewide Fair Housing Campaign
- ★ Use Section 8 homeownership program
- ★ Creation of Interagency Council for the Homeless
- ★ Implement Continuum of Care concept; organize HMIS
- ★ Continue CDBG funding dedicated to basic skills training and employment building activities

APPENDIX E.
Public Comment and Response

APPENDIX E.

Public Comments and Response

The 30-day public comment period for the FY2002 State of Indiana Consolidated Plan was held between April 1 and April 30. Two public hearings were conducted on April 8 and 9 2002, between 4 and 6 p.m. in the cities of Noblesville and Columbus. A total of 15 individuals attended the public hearings. The participants and the organizations they represent are shown in the table below.

<i>Name</i>	<i>Organization</i>	<i>Address</i>
Molly Miller	Ball State University	AR201 SSRC Muncie 47306
Charlene Hederick	Casey Family Programs	4530 Berkshire Road Indianapolis 46326
Susan Solimon	Salvation Army Social Service Center	540 North Alabama Indianapolis
Diana Rice-Wilkenson	Habitat for Humanity of Indiana	4606 Melbourne Road Indianapolis 46228
Pam McConey	NAMI IN	P.O. Box 22697 Indianapolis 46222
Ronda R. Ames	Key Consumer Org.	2506 Willow Brook Parkway Indianapolis 46023
Robert G. Lucas	Grant Blackford Mental Health	206 W. 8 th Street Marion 460553
Bruce Miller	CC	
Jack Norton	CC	
Kyle J. Westafer	CC	2900 S. Carey Street Appt. 8
Kathy Luckey	CC	2900 S. Carey St. Appt. 11 Marion 46953
Karen Welsh	Grant Blackfoot Mental Health	206 W. 8 th Street Marion 460553
Dennis L. Williams	Room	33016 ½ S. Washington Marion 46953
Trena Carter	Ara	3200 Sycamore Ct. 1A Columbus 47203
Pat Smith	Turning Point	

Much of the discussion at the public hearings centered on the types of facilities needed for individuals with developmental disabilities and severe and persistent mental illnesses. The participants expressed their support for small to medium size facilities that provide housing, supportive services, and a community tailored to these special needs groups. Other participants believed that scattered site single family housing is preferred to such facilities. All participants agreed that, ideally, a community should offer a variety of housing options to meet the differing needs of special needs groups.

Two participants who work with youth who are homeless reported that in the state of Indiana 775 youth leave foster care each year; 40 percent of these youth end up homeless. These participants are interested in having funding for homeless shelters and activities be allocated to programs that are targeted to youth.

Participants also advocated for scoring preferences in grant applications for housing developments that are located near services (e.g., health care, transportation, etc.).

In addition to the public participation in the hearings, written comments were received from citizens. Copies of these comments, along with the Consolidated Plan Coordinating Committee's response, follow.

MAR 14 2002

FOUR COUNTY COUNSELING CENTER

Healing with Compassion and Respect

March 5, 2002

MAIN OFFICE

1015 Michigan Ave.
Logansport, IN 46947-1597
Phone: 219-722-5151
Emergency: 1-800-552-3106
Fax: 219-722-9523
TTY: 219-722-5993

**CASS COUNTY
OUTPATIENT SERVICES**

1807 Smith St.
Logansport, IN 46947-1576
Phone: 219-732-1414
Fax: 219-732-0504

FULTON COUNTY
321 E. 8th St., Suite 204
Rochester, IN 46975-1513
Phone: 219-223-8565
Fax: 219-223-8786

MIAMI COUNTY
16 S. Broadway
Peru, IN 46970-2368
Phone: 765-472-1931
Fax: 765-472-1945

PULASKI COUNTY
616 W. 11th St.
Winamac, IN 46996-1208
Phone: 219-946-4233
Fax: 219-946-4365

Indiana Housing Finance Authority
115 West Washington St., #1350, South Tower
Indianapolis, IN 46204

Dear Sirs,

In response to the public forum concerning the housing needs in local communities held in Plymouth, Indiana, March 5, I would like to provide the following information;

Four County Counseling Center is one of 31 community mental health centers located in the State of Indiana. We recently were able to renovate our local Masonic Temple building and provide 23 single bedroom apartments for the mentally ill clients which we serve.

In addition, we own a 7-unit apartment building in Logansport. However, we continually find need for additional housing for our clients. We have approximately 60 to 75 individuals regularly involved in programming, which involves placing them in adequate apartments, based on their income and financial situation.

We currently have, combined in the four communities that we serve, approximately 15 people who we could place in affordable housing. Most of those are programmed in Logansport, because that is the location of the main center for our facility; however, from time to time, we have needs in each of the cities of Peru, Rochester and Winamac.

We would support any efforts that we can in the state to provide housing for clients such as ours. If you need additional information, please don't hesitate to contact me.

Yours truly,



Lawrence R. Ulrich
Executive Director/CEO



Joint Commission
an Accredited Provider of Healthcare Organizations



A Community Partner Since 1975



March 15, 2002

Lawrence R. Ulrich
Executive Director/CEO
Four County Counseling Center
1015 Michigan Ave.
Logansport, IN 46947-1597

Dear Mr. Ulrich:

Thank you for taking the time to provide us with written comments for the State of Indiana's Consolidated Plan public input process. We will be sure to include your comments in our report and, more importantly, we will take them into consideration when deciding how to allocate the funding we receive from the U.S. Department of Housing and Urban Development. I am glad that you were able to attend the public meeting held in Plymouth, Indiana on March 5th. I hope you found it informative.

When you are ready to begin plans for developing additional housing for your clients, I would encourage you to contact the IHFA field representative for your area, Brian Philps. He would be glad to sit down and review the specific aspects of your development and explain how IHFA might be able to assist with the financing. You can reach him at (800) 872-0371.

Thank you again for your comments. We look forward to working with you in the future to provide more affordable housing for Indiana citizens.

Sincerely,

Wendy C. Landes
Assistant Development Manager

Cc: **Heidi Aggeler, BBC Research & Consulting**
Sheryl M. Sharpe, IHFA Director of Development
Brian Philps, IHFA Development Specialist



115 WEST WASHINGTON STREET, SUITE 1350 SOUTH TOWER, INDIANAPOLIS, INDIANA 46204-3413
TELEPHONE: (317) 232-7777 • TOLL-FREE WITHIN INDIANA: (800) 872-0371 • FACSIMILE: (317) 232-7778
WORLD WIDE WEB: [HTTP://WWW.ALORG/IHFA](http://www.alorg/iHFA) • EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY
Printed on Recycled Paper





HISTORIC
LANDMARKS
FOUNDATION OF
INDIANA

Eastern Regional Office
Huddleston Farmhouse Inn Museum
838 National Road, Mt. Auburn
P.O. Box 284
Cambridge City, IN 47327
e-mail: east@historiclandmarks.org
765 478 3172 Fax: 765 478 3410



March 6, 2002

Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis, IN 46204

RE: Richmond

To Whom It May Concern:

This letter is being written to share my ideas how Community Development Block Grants (CDBG), Home Investment Partnership Program (HOME) and Emergency Shelter Grants should be allocated within the State of Indiana.

Richmond is a community that is moving forward in a positive direction. But like most communities, there are issues that need serious attention. Richmond's sewers are in need of repair, owner-occupied housing is in need of rehabilitation and issues surrounding economic development can oftentimes be challenging.

My suggestions in regards to how funding should be allocated in the state include funding for ongoing programs. The City of Richmond could use an ongoing stream of CDBG funds, for example, for ongoing programs or projects including housing and infrastructure. Richmond could better compete for industry and improve the quality of life for residents.

From a historic preservation standpoint, Richmond has in place a Historic Preservation Commission. Economic development and preservation go hand in hand. I see a "mini-entitlement" program under the existing programs as a welcomed change in the funding cycles. And these changes will lead to a ripple effect that will undoubtedly assist with preservation in Richmond.

Sincerely,

Wayne Goodman

Cc: Mayor Shelley D. Miller, City of Richmond



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Wayne Goodman
838 National Road, Mt. Auburn
P.O. Box 284
Cambridge City, Indiana 47327

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Goodman:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director



Richmond-Wayne County Chamber of Commerce

33 South 7th Street – Suite 2 • Richmond, Indiana 47374

Phone: 765/962-1511 • Fax: 765/966-0882

<http://www.rwchamber.org>

March 8, 2002

Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis, IN 46204-2248



RE: Richmond

To Whom It May Concern:

This letter is being written to share my ideas how Community Development Block Grants (CDBG), Home Investment Partnership Program (HOME) and Emergency Shelter Grants should be allocated within the State of Indiana.

Richmond is a community that is moving forward in a positive direction. But like most communities, there are issues that need serious attention. Richmond's sewers are in need of repair, owner-occupied housing is in need of rehabilitation and issues surrounding economic development can oftentimes be challenging.

My suggestions in regards to how funding should be allocated in the state include funding for ongoing programs. The City of Richmond could use an ongoing stream of CDBG funds, for example, for ongoing programs or projects including housing and infrastructure. We are currently competing for new industry that would create many new "entitlement communities" that have a direct and continuous flow of funding for community and economic development projects. If Richmond had the same type of continuous funding, we could better compete for much needed industry and improve the quality of life for our residents. A "mini-entitlement" program under the existing programs would be a welcomed change in the funding cycles.

Thank you for your consideration of my thoughts and ideas.

Sincerely,

Frank E. Mazzei
Frank E. Mazzei
President & CEO





3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Frank Mazzei
Richmond-Wayne County Chamber of Commerce
33 South 7th Street, Suite 2
Richmond, Indiana 47374

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Mazzei:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Larry L. Parker
117 Chestnut Circle
Richmond, Indiana 47374

Office: (765) 962-0368
(765) 962-0858

Home: (765) 935-1327
Fax: (765) 965-9088

March 9, 2002



Consolidated Plan
Indiana Department Of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis, Indiana 46204-2248

RE: Richmond, Indiana

To Whom It May Concern:

The citizens of Richmond and myself are concerned as to how the allocation of the following grants should be distributed.

Community Development Block Grants
Home Investment Partnership Program
Emergency Shelter Grants

Richmond, like other communities, is moving forward and competing with larger "Entitlement Communities" and find it extremely difficult to compete with these communities. Our needs for improvement to our infrastructure, housing rehabilitation and economic development challenge our available dollars.

We are presently in dire need for improvement and expansion of emergency shelter in our community and would welcome a means of funding under the existing grant program.

Thank you for your consideration.

If you need additional in-depth information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Larry L. Parker'. The signature is fluid and cursive, with a large loop at the end.

Larry L. Parker
6th District Councilman
Richmond, Indiana



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Larry Parker
117 Chestnut Circle
Richmond, Indiana 47374

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Parker:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director



*"People
helping people
help
themselves"*

Frank O'Bannon, Governor
State of Indiana

***Division of Family and Children
Gibson County Office***

321 SOUTH 5TH AVENUE
PRINCETON, IN 47670-3519
812-385-4727
FAX: 812-385-2197
Child Abuse Hotline: 812-385-3533

March 11, 2002

Consolidated Plan
Indiana Department of Commerce
Controller's Office -- Grants Management Division
One N. Capitol Avenue Suite 700
Indianapolis, Indiana 47204-2248

I am the Director of the Gibson County Office of Family and Children and I am making this presentation today representing the County Offices from the 16 county Southwest Region. This presentation is to bring your attention to an unserved population and ask your consideration as you develop Indiana's Consolidated Plan for the use of housing and community development funds.

We want to raise your awareness of the needs of youth and young adults who are transitioning from out-of-home care, primarily as their needs relate to housing. We are requesting that the housing needs of such youth and young adults be identified as a priority in the State's Consolidated Plan.

The following points are made:

- ◆ As of August 2001, Indiana had 2,410 CHINS in out-of-home care over the age of 14
- ◆ The majority of youth in out-of-home care are emancipated at age 18
- ◆ From national studies we know that 12-18 months after emancipation the outcomes for these young adults are NOT good:
 - ◆ 40% end up homeless
 - ◆ 50% are unemployed
 - ◆ 37% do not have a high school diploma or GED
 - ◆ 33% are on public assistance
 - ◆ 30% have children
 - ◆ 27% of males and 10% of females have been incarcerated
- ◆ We also know from national studies regarding the general homeless population that 65% have had some involvement with the child welfare system
- ◆ Housing is the number one issue identified by the young adults from out-of-home care

Equal Opportunity / Affirmative Action Employer



- ◆ These young adults need
 - ◆ Transitional housing with supportive services
 - ◆ Rental vouchers with supportive services
 - ◆ Affordable housing/apartments

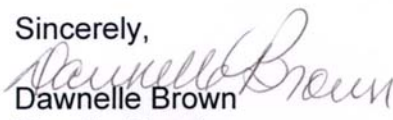
The Foster Care Independence Act of 1999 established the John H. Chaffee Foster Care Independence Program. The program among other points increases funding for independent living activities; offers increased assistance, including room and board, for young people ages 18 to 21 who are leaving foster care; and increases the state accountability for outcomes.

According to the Indiana Child Welfare Information System, in the calendar year 2000, there were 776 children 18 or older who were in substitute care and released. A continuum of housing options would assist the transition to adulthood and complement their own efforts to achieve self-sufficiency as they begin to recognize and accept the responsibilities of adulthood.

Research shows that youth leaving foster care face a significant risk of homelessness. Please consider this population – youth 18 to 21 who are leaving the foster care system – for inclusion as a target population for transitional housing options in the state's Consolidated Plan. This inclusion would enhance the state's capability of maximizing housing options for youth.

Thank you for the opportunity to provide input on behalf of the 16 Southwest Indiana County Offices of Family and Children.

Sincerely,


Dawnelle Brown
County Director



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Ms. Dawnelle Brown
County Director
Gibson County Office of Family and Children
321 South 5th Avenue
Princeton, IN 47670

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms. Brown:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate you supplying us with statistics on the demonstrated need for transitional and affordable housing for youth in the State.

The Consolidated Plan covers four federal grant programs – the Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), the Emergency Shelter Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA). Funding from these programs is available to meet the needs you identified for youth, including transitional housing with supportive services, rental housing with supportive services and affordable housing/apartments.

CDBG and HOME funds can be used for construction and rehabilitation of transitional housing, rehabilitation and new construction of affordable rental units, and rehabilitation and new construction of owner-occupied units. In FY2002, the State's goal is to provide approximately \$12.5 million for these activities. (The total amount of actual funding will depend on the types of applications the State receives for program funding, as well as how well the applications score). ESG funding is used for supportive services, primarily for individuals who are homeless, and include services related to health care, employment, transportation, and assistance in finding permanent housing. In addition, ESG provides funding for homeless prevention activities. More than \$500,000 of ESG funding is expected to fund supportive service and homeless prevention activities in FY2002. The HOPWA program is targeted to serve persons with HIV/AIDS and provides housing subsidies and supportive service assistance. In FY2002, the HOPWA grant will provide an estimated \$730,000 of such funding. All of these programs and activities support youth in need.

The State does not currently prioritize funding based on certain population groups. This is due to the method of how HUD funds are allocated at the state level. Each year, the State issues an announcement of funding availability. Local governments and nonprofit organizations apply for funding. The State then evaluates these applications and funds the programs with the greatest housing and community development needs. Within individual programs, the agencies that administer the grants may establish priorities for applications that serve special groups or address specific needs. However, if the State were to establish *overall* funding priorities for certain population groups, there is a risk that the programs with the greatest needs would not be adequately funding and/or that funds would not be equitably distributed. That said, the agencies that administer the individual HUD programs will take into account the information you have provided about the needs of the State's youth when they are making funding decisions during FY2002.

The full Consolidated Plan contains more information about how to access the HUD funds and eligible funding activities. You can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in cursive script, reading "Heidi Aggeler".

Heidi Aggeler
Director

John Gowans
GENERAL

Lt. Colonel Jack C. Getz
DIVISIONAL COMMANDER

Corps Community Center
1040 North Fulton Avenue
Evansville, IN 47710-1856
(812) 425-1375
(812) 423-2317 Fax



The Salvation Army

Founded in 1865 by William Booth

P. O. Box 4055 (all Mail)
Evansville, IN 47724-0055

Commissioner Lawrence R. Moretz
TERRITORIAL COMMANDER

Majors Jon and Linda Fjellman
CORPS OFFICERS

Family Care Center
1615 North Fulton Avenue
Evansville, IN 47710-2755
(812) 422-4673
Fax (812) 422-3370

March 11, 2002

Consolidated Plan, Indiana Department of Commerce
Controllers's Office, Grants Management Division
One North Capital Ave. Suite 700
Indianapolis, IN 46204-2248

Dear Committee,

Over the past several years I have worked as director of social services for The Salvation Army's Family Care Center and Emergency Homeless Shelter. I have seen a 20% increase of families with children and single women in need of shelters. The need has been so great we increased the number of beds from 24 to 36, and cribs from 2 to 5. At the end of December 2001 we had a needs list of people who needed shelter, but had no place to go due to all shelters being at capacity. Our needs list showed:

- 75 families with 342 children
- 50 couples no children
- 62 single women
- 44 single men

In the year 2001 we served 10,773 nights lodgings and 31,162 meals in our shelter. This does not include the low to moderate income and homeless and near homeless who come 5 days per week to participate in our noontime feeding program which fed 12,523 at the end of December 2001. Since the beginning of time we have had homeless people and they could be anyone that you might have known sometime in your life and we need money to care for them so that one day they can care for themselves. Lets provide money to get them as independent as possible so they can be healthier and happier. So that the cause will not be the effect of poor health and long term illness and death. Over the last 10 years ECHO Homeless Team has been able to track at least 36 individuals who have died homeless. These are only the homeless that we have been able to track, I am sure there are others that have died who have gone undetected. We are now in the 21 century know one needs to die homeless of nameless in this country or in our own state or city.

Money is needed to do the right things for the homeless in our Indiana community. So when you are thinking about who and where the needs are for money, remember our poor and homeless and what we need to do as a community to help them fight homelessness and made a better Indiana

Sincerely in Christ,

Gwen Rode, Director of Social Services





3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Ms. Gwen Rode
Director of Social Services
Salvation Army
P.O. Box 4055
Evansville, IN 47724

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms. Rode:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate you supplying us with statistics on the demonstrated need for shelters in your community.

The primary dedicated source of funding to assist persons who are homeless at the State level is the Emergency Shelter Grant (ESG) program. The ESG provides operating funds for emergency shelters, homeless prevention activities, and supportive services to persons and families who are homeless. In FY2002, the State expects to receive more than \$1.75 million in ESG funding to address the needs of the homeless. In the past, the majority of this funding has been allocated to support shelter operations. In addition to the ESG, the State provides funds for shelter construction through the HOME Investment Partnerships Program (HOME) and the Community Development Block Grant Program (CDBG). In FY2002, the State plans to allocate \$1 million to shelter rehabilitation and new shelter construction.

The full Consolidated Plan contains more information about how to access the HUD funds and eligible funding activities. You can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', is written over a light blue horizontal line.

Heidi Aggeler
Director

March 11, 2002



Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis, IN 46204-2248

RE: Richmond Mini-entitlement Program

To Whom It May Concern:

This letter is in support of a mini-entitlement program for the City of Richmond through the CDBG and HOME programs. A continuous and direct flow of money for community and economic development projects is an essential element in the City's plans for growth. Competing in the economic development arena against larger communities is difficult enough without the handicap of not having a continuing source of funding for infrastructure improvements.

If Richmond had the same type of "entitlement" program as larger communities with respect to CDBG funds, it would be in a much better position to compete for much needed industry. Quality of life improvements could also be better planned. A "mini-entitlement" program under the existing programs would be a welcome improvement to the funding process.

As a member of the Wayne County Council who represents part of the north side of Richmond, I believe the program I have outlined should receive your thoughtful consideration. Thank you for your time and attention.

Sincerely,

Jeff Plasterer
Wayne County Council District 2



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Jeff Plasterer
Wayne County Council District 2
401 East Main
Richmond, Indiana 47374

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Plasterer:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

March 12, 2002

Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis, Indiana 46204-2248



RE: Richmond

To Whom It May Concern:

This letter is being written to share my ideas how Community Development Block Grants (CDBG), Home Investment Partnership Program (HOME) and Emergency Shelter Grants should be allocated within the State of Indiana.

Richmond is a community that is moving forward in a positive direction. But like most communities, there are issues that need serious attention. Richmond's sewers are in need of repair, owner-occupied housing is in need of rehabilitation and issues surrounding economic development can oftentimes be challenging.

My suggestions in regards to how funding should be allocated in the state include funding for ongoing programs. The City of Richmond could use an ongoing stream of CDBG funds, for example, for ongoing programs or projects including housing and infrastructure. We are currently competing for new industry that would create many new jobs in Richmond. We are at a disadvantage because we are competing with larger "entitlement communities" that have a direct and continuous flow of funding for community and economic development projects. If Richmond had the same type of continuous funding, we could better compete for much needed industry and improve the quality of life for residents. A "mini-entitlement" program under the existing programs would be a welcomed change in the funding cycles.

Thank you for your consideration of my thoughts and ideas.

Sincerely,

David W. Stidham



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. David Stidham
NO ADDRESS PROVIDED

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Stidham:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Aggeler, Heidi

From: Wendy Landes [wlandes@ihfa.state.in.us]
Sent: Tuesday, March 19, 2002 8:46 AM
To: 'Larry.Gautsche@LaCasaGoshen.org'
Subject: FW: IHFA Hearings

Thank you for taking time to share your comments and concerns with our agency regarding our funding programs. We will include your comments in the Consolidated Plan Update that we submit to the U.S. Department of Housing and Urban Development (HUD). But more importantly, we will take your comments into consideration when we are making decisions about how to allocate the funds we receive from HUD.

The draft executive summary of the Consolidated Plan Update will be available to view on our website on April 1, 2002. You can download this report at <http://www.indianahousing.org>. We will be accepting additional comments on April 8th and April 9th at two more public hearings. You can call 1-800-842-2476 for information about the times and locations of these hearings.

Thank you again for your comments. If I can answer any questions you have about our agency and its programs, feel free to contact me at (800) 872-0371.

Wendy C. Landes
Assistant Development Manager
Indiana Housing Finance Authority
115 W. Washington St.
Suite 1350 South Tower
Indianapolis, IN 46204
(317) 233-1810
(800) 872-0371 (only in Indiana)
wlandes@ihfa.state.in.us

-----Original Message-----

From: Larry Gautsche [mailto:Larry.Gautsche@LaCasaGoshen.org]
Sent: Tuesday, March 12, 2002 12:30 PM
To: jsipe@ihfa.state.in.us
Subject: IHFA Hearings

If you have the IACED Public Comments paper that Anne presented at the meeting, I don't have anything substantial to add, but wanted to reinforce the points most critical to LaCasa:

1. The \$1,000,000 annual cap per CHDO is very important to our plans for homeownership and reducing this amount would be a setback.
2. You know my opinion on the environmental review. IACED makes some good recommendations. Something needs to be done!
3. We are beginning our second neighborhood revitalization project and there is a high level of interest in this work in Goshen. City administration has a list of 5 more neighborhoods they would like us to work in. Rental properties in these neighborhoods can be significant impediments. This is IACED's issue #7 and we very much support the recommendations outlined in their position.

Aggeler, Heidi

From: Wendy Landes [wlandes@ihfa.state.in.us]
Sent: Tuesday, March 19, 2002 8:17 AM
To: 'piggy46864@yahoo.com'
Subject: Consolidated Plan 2002

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms. Wood:

Thank you for taking time to share your comments and concerns with our agency regarding your needs as someone with disabilities. We will include your comments in the Consolidated Plan Update that we submit to the U.S. Department of Housing and Urban Development (HUD). But more importantly, we will take your comments into consideration when we are making decisions about how to allocate the funds we receive from HUD.

You may take some comfort in knowing that the funds we receive from HUD are not directly effected by the State budget cuts that Indiana is now experiencing. They are Federal funds and therefore the funding levels are determined by Congress and not the State General Assembly. Everything we have heard so far about funding for the coming fiscal year (which begins July 1, 2002) is that it will at least stay the same as this year. Although these funds cannot assist you with your medical needs, we hope that with them we can make access to safe, decent, and affordable housing easier for you and other Indiana citizens.

The draft executive summary of the Consolidated Plan Update will be available to view on our website on April 1, 2002. You can download this report at <http://www.indianahousing.org>. We will be accepting additional comments on April 8th and April 9th at two more public hearings. You can call 8-800-842-2476 for information about the times and locations of these hearings.

Thank you again for your comments. If you would like additional information about our agency and its programs, feel free to let me know and I will send it to you.

Wendy C. Landes
Assistant Development Manager
Indiana Housing Finance Authority
115 W. Washington St.
Suite 1350 South Tower
Indianapolis, IN 46204
(317) 232-7777
(800) 872-0371 (only in Indiana)
wlandes@ihfa.state.in.us

-----Original Message-----

From: Linda Wood [mailto:piggy46864@yahoo.com]

Sent: Tuesday, March 12, 2002 3:30 PM

To: namurphy@ihfa.state.in.us

Subject: [WWW] Consolidated Plan 2002

subject: Consolidated Plan 2002

Name: Linda Wood

Organization: Disable Person

Email: piggy46864@yahoo.com

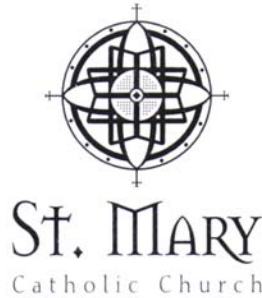
Comments:

Here in Indiana more needs to be done for the disabled, and how can your plan work if the Governor is cutting programs to balance the budget.

There are a lot of people who need help, and with so many companies closing and people losing there home, how can the disabled get fair treatment when it comes to a single mother with small children?

Please consider that because you have a lot more people applying for help through TANF, and so the disabled is forgotten. For myself I need help with getting medicine for my arm, and it cost 85.00 and I know that if I apply for help I will be turned down due to no children in my home. But see I have only one arm.

B1: Submit



March 13, 2002

Indiana Department of Commerce
Grant Management Office
One North Capitol Suit 700
Indianapolis, IN 46204-2288

To Whom It May Concern:

I am responding to the request for suggestions on how to spend \$50 million in funds in serving low-to-moderate income people, the homeless and people with HIV/AIDS.

St. Mary Church has a very active St. Vincent DePaul Society as well as an outreach ministry, which includes a food pantry and financial assistance for the needy in our parish area. I personally meet with a number of persons on a daily basis so I feel that I have an understanding of what some of the needs are for this group of people.

I would like to recommend three areas where I feel that the funds mentioned could be used.

- 1) Day care assistance is greatly needed for single mothers/fathers who want to work and make a change in their lives. The cost of day care is so expensive that it is not feasible for them to even try to get a job when the majority of their income would be used for their children's care.
- 2) Travel assistance in the form of bus tokens, gasoline or cab fare is also an area that I feel the funds could be well spent. Most clients that I see are walking all over the city to even receive the assistance that many of our area agencies can provide to them both in monetary assistance and food orders. Most clients do not have cars but for those who do an incentive for car-pooling might also be offered in exchange for gasoline. Those who are dealing with illnesses are particularly in need of this service. People helping people is a great way to encourage community and increase self-esteem.


613 Cherry Street • Evansville, Indiana 47713 • (812) 425-1577 • fax (812) 426-1416

- 3) Both the homeless and those who are fortunate to have a place to reside but are dealing with mental illnesses seem to be the group who “fall through the cracks”. We see many who are dealing with this problem but are unable to get anyone to help them not only with the mental illness but with a place to stay, food to eat and someone to help them work with the systems that are in place in our area. Most of these clients seem to be so helpless in how to deal with the difficulties in their lives. When they add in the stress of trying to locate assistance for their needs it becomes almost more that they can comprehend or deal with in a daily environment.

I know there are many other areas where the funds could be spent but the above 3 suggestions seem to be those that I deal with on a daily basis. Every one in our outreach program tries to do the best we can with our limited funds to give support and assistance to those who are less fortunate and to be the hands and feet of Jesus Christ. Hopefully, with these additional funds more clients can be given the assistance they really need to change their own situations into successes. That would be the best return on the money in my estimation.

I appreciate the opportunity you have given to the general public to voice their opinions concerning the way these funds will be spent.

Sincerely,



Sally M. Duncan
Administrative Assistant



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Ms. Sally Duncan
St. Mary Catholic Church
613 Cherry Street
Evansville, Indiana 47713

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms. Duncan:

Thank you very much for your comments about the needs of low and moderate income individuals, persons who are homeless, and persons with HIV/AIDS. We value hearing from service providers, such as your organization, who work closely with the State's citizens and understand their needs.

In your letter, you recommended three areas to which you believe funding should be allocated in the upcoming program year: 1) day care assistance; 2) travel assistance; and 3) services and housing for persons with mental illnesses.

The State currently provides funds for construction of day care facilities that assist low and moderate income families under the Community Development Block Grant Program (CDBG). In FY2002, \$24.6 million of CDBG funds will be allocated to construction and improvement of community facilities including day care centers. The State also provides funds to assist families who are homeless with emergency service needs, such as childcare and transportation, through the Emergency Shelter Grant and the Housing Opportunities for Persons with AIDS Programs. In FY2002, an estimated \$350,000 will be available for emergency service needs.

Unfortunately, the grants from the U.S. Department of Housing and Urban Development (HUD), which are covered by the Consolidated Plan, provide only very limited funding for transportation needs. Some of the grant programs include provision of bus tokens as an eligible activity. Unfortunately, the carpooling incentive that you suggested is not an eligible activity.

The State recognizes that individuals who are homeless often have other challenges, such as mental illnesses. Similarly, the State understands that persons with mental illnesses who are not receiving appropriate care can be at risk of losing their housing. The HUD grants can provide a range of assistance to persons with mental illnesses who are in need of housing – from shelters to transitional

housing, to community facilities for persons with mental illness, to subsidized housing. In addition, during the past few years, the State has been moving toward a system that provides a continuum of services to persons who are homeless and/or are in need of affordable housing and who face additional challenges. Finally, one of the State's goals during the upcoming year is to seek input from organizations that work with special needs populations to further guide funding and program formation.

The full Consolidated Plan contains more information about how to access the HUD funds and eligible funding activities. You can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in cursive script, reading "Heidi Aggeler".

Heidi Aggeler
Director



INTERFAITH MISSION, INC.

P.O. Box 446, Columbia City, IN 46725
PHONE: (219) 244-5266 FAX: (219) 244-1864
EMAIL: imission@whitleynet.org

March 14, 2002

Consolidated Plan
Indiana Department of Commerce
Controller's Office
Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, IN 46204-2248



Dear Sir or Madam:

I am the executive director of a homeless shelter in Columbia City, Indiana. We provide food, shelter, clothing and support services to the homeless or those at risk of becoming homeless in our area. In today's economy, we find there are more displaced people than seen in the most recent past. This creates more clients that are seeking our help to get back on their feet. These people will not be receiving food stamps, utility support or welfare while in our establishment. We work with each resident to secure fulltime employment and self-sufficiency in a timely manner.

I am asking that the state continue supporting our shelter and those like us who cater to the homeless population. We are providing a very important need for the community and may help to deter the crimes that are associated with those who are in desperate situations. Thank you for your continued support of this very important mission for the homeless in Indiana.

Very Sincerely,

Tania Keirn

Tania Keirn
Executive Director

To meet the physical, emotional and spiritual needs of the homeless in the Whitley County area.





3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Ms. Tania Keirn
Executive Director
Interfaith Mission, Inc.
P.O. Box 446
Columbia City, IN 46725

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms. Keirn:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate you supplying us with information on the demonstrated need for shelters in your community.

As you know, the primary dedicated source of funding to assist persons who are homeless at the State level is the Emergency Shelter Grant (ESG) program. The ESG provides operating funds for emergency shelters, homeless prevention activities, and supportive services to persons and families who are homeless. In FY2002, the State expects to receive more than \$1.75 million in ESG funding to address the needs of the homeless. In the past, the majority of this funding has been allocated to support shelter operations. In addition to the ESG, the State provides funds for shelter construction through the HOME Investment Partnerships Program (HOME) and the Community Development Block Grant Program (CDBG). In FY2002, the State's goal is to provide \$1 million in shelter rehabilitation and new shelter construction program activities.

The full Consolidated Plan (specifically, Section VI and Appendix G) contains more information about the FY2002 program year funding levels and activities. You can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler'. The signature is fluid and cursive, with a large 'H' and 'A'.

Heidi Aggeler
Director

Gary Stanford Bush

1714 Plaza Drive
Evansville, Indiana 47715

Phone: 812-476-3140
email: GSBiker@aol.com

March 15, 2002



Indiana Department of Commerce
Grant Management Office
One North Capitol Suite 700
Indianapolis, Indiana 46204

Re: Money for the Poor

It is my understanding there is money to be granted for assisting the poor and a period of time where information is being collected from citizens as to how to best help the poor.

I worked with a group St. Vincent DePaul out of our Catholic Parish for 12 years. During that time, we assisted the poor in the inner-city including the projects. When we visited those people it was clear to me that the outstanding issue for poor was the fact that they could not obtain transportation to even keep a minimum job. The situation is like this. A person is on ADC, gets a minimum amount but is able to stay with their children. OR a person try's to earn a living , usually a minimum wage, loses ADC and has to pay for transportation to a job and a baby-sitter. ***Spend your money on transportation and day care for the poor so the person can get a minimum job and pay taxes.*** If anyone is aware at all regarding the poor, this is a no brain situation.

Sincerely,

Gary Bush



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Gary Stanford Bush
1714 Plaza Drive
Evansville, Indiana 47715

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Bush:

Thank you very much for your comments about how best to assist low income individuals with their housing and service needs. In your letter, you recommended two areas to which you believe funding should be allocated in the upcoming program year: transportation and day care.

The State currently provides funds for construction of day care facilities that assist low and moderate income families under the Community Development Block Grant Program (CDBG). In FY2002, the State's goal is to provide approximately \$25 million of CDBG funds to construction and improvement of community infrastructure and facilities, including day care centers. The State also provides funds to assist families who are homeless with emergency service needs, such as childcare and transportation, through the Emergency Shelter Grant Program. In FY2002, an estimated \$350,000 will be available for emergency service needs.

Unfortunately, the grants from the U.S. Department of Housing and Urban Development (HUD), which are covered by the Consolidated Plan, provide only very limited funding for transportation needs. The Indiana Department of Transportation provides funding for transportation systems that assist low income persons and persons with special needs. A recent example is the Catch-A-Ride program, which was recently implemented in southeastern Indiana.

The full Consolidated Plan contains more information about how to access the HUD funds and eligible funding activities. You can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director



CITY OF RICHMOND

DEPARTMENT OF PLANNING, PERMITS AND INSPECTIONS
50 NORTH FIFTH STREET - RICHMOND, IN 47374
PLANNING (765) 983-7342 - PERMITS (765) 983-7341 - FAX (765) 962-7024

SHELLEY D. MILLER
Mayor

ROBERT B. GOODWIN
Director

LARRY H. CASH
Assistant Director

March 18, 2002

Consolidated Plan, Indiana Department of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis, IN 46204-2248



RE: Richmond

Dear Grants Manager:

This is being written to share my ideas on how Community Development Block Grants (CDBG), Home Investment Partnership Program (HOME) and Emergency Shelter Grants should be allocated within the State of Indiana.

Richmond is a community that is moving in a positive direction. But like most communities, there are issues that need serious attention. Richmond's sewers are in need of repair, owner-occupied housing is in need of rehabilitation and issues surrounding economic development can be challenging.

My suggestions in regards to how funding should be allocated in the state include funding for ongoing programs. The City of Richmond could use a stream of CDBG funds for ongoing programs and projects including housing and infrastructure. We are currently competing for new industry that will create many new jobs in Richmond. We are at a disadvantage because we are competing with larger "entitlement communities" that have a direct and continuous flow of funding for community and economic development projects. If Richmond had the same type of continuous funding, we could better compete for much needed industry and improve the quality of life for our residents. A "mini-entitlement" program would be a welcomed change in the funding cycles.

Thank you for your consideration of my thoughts and ideas.

Sincerely,

A handwritten signature in blue ink that reads "Robert B. Goodwin". The signature is written in a cursive style with a large, looping "R" at the beginning.

Robert B. Goodwin
Director Planning, Permits and Inspections

cc: Tony Foster



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Robert Goodwin
City of Richmond
50 North Fifth Street
Richmond, Indiana 47374

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Goodwin:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive, with the first name 'Heidi' and last name 'Aggeler' clearly distinguishable.

Heidi Aggeler
Director



COLLEGE OF SCIENCES AND HUMANITIES
SOCIAL SCIENCE RESEARCH CENTER

Muncie, Indiana 47306-0527
Phone: 765-285-1015
Fax: 765-285-5462

March 27, 2002

Indiana Department of Commerce
Controller's Office
Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, IN 46204-2248



To Whom It May Concern:

Please accept these written comments as an effort to raise the awareness of the needs of young adults who are transitioning from out-of-home care, primarily as their needs relate to housing. There is a need to have the housing needs of these young people identified as a **"priority"** in the 2002 Consolidated Plan Update. As of August 2001, Indiana had 2,410 CHINS (Child In Need Of Services) over the age of 14 who were in out-of-home care. The majority of youth in out-of-home care are emancipated at age 18. From national studies, we know that 12-18 months after emancipation the outcomes for these young adults are NOT good:

- 40% end up homeless
- 50% are unemployed
- 37% do not have a high school diploma or GED
- 33% are on public assistance
- 30% have children
- 27% of the males and 10% of the females have been incarcerated

(National Foster Care Awareness Project)

We also know from national studies regarding the general homeless population that 65% have had some involvement with the child welfare system. The need for safe, affordable housing is the number one issue identified by young adults who have aged out of substitute care. These young adults need:

- Transitional housing with supportive services
- Rental vouchers with supportive services
- Affordable housing/apartments

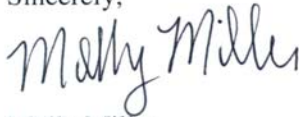
The Foster Care Independence Act of 1999 established the John H. Chafee Foster Care Independence Program. This program increases funding for independent living activities, offers increased assistance for young people ages 18-21 who are leaving foster care, emphasizes the importance of securing permanent families, and expands the opportunity for states to offer Medicaid for those transitioning from care. While the new law does allow some funds to be used for housing needs for young people over the age of 18, it is such a limited amount of money that

it will not go very far towards providing a comprehensive package of housing services. According to data obtained from the Indiana Child Welfare Information System, a computer networked system that links child welfare services in the state, 776 youths 18 or older were released from substitute care in calendar year 2000. A continuum of housing options would assist their transition to adulthood and complement their own efforts to achieve self-sufficiency.

Research shows that youth leaving foster care face a significant risk of homelessness. Please consider these young adults, those who are 18-21 and have left our foster care system, as a population that is in need of transitional housing options. Inclusion of this target population in the Consolidated Plan would enhance the state's capability of maximizing housing options for youth.

Thank you for allowing the opportunity to express the need for transitional housing services for those youth leaving the foster care system.

Sincerely,

A handwritten signature in black ink that reads "Molly Miller". The signature is written in a cursive, flowing style.

Molly Miller
Independent Living Program Coordinator
Social Science Research Center, AR 201
Ball State University
Muncie, IN 47306



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Ms. Molly Miller
Independent Living Program Coordinator
Social Science Research Center, AR 201
Ball State University
Muncie, IN 47306

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms. Miller:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate you supplying us with statistics on the demonstrated need for transitional and affordable housing for youth in the State.

The Consolidated Plan covers four federal grant programs – the Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), the Emergency Shelter Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA). Funding from these programs is available to meet the needs you identified for youth, including transitional housing with supportive services, rental housing with supportive services and affordable housing/apartments.

CDBG and HOME funds can be used for construction and rehabilitation of transitional housing, rehabilitation and new construction of affordable rental units, and rehabilitation and new construction of owner-occupied units. In FY2002, the State's goal is to provide approximately \$12.5 million for these activities. (The total amount of actual funding will depend on the types of applications the State receives for program funding, as well as how well the applications score). ESG funding is used for supportive services, primarily for individuals who are homeless, and include services related to health care, employment, transportation, and assistance in finding permanent housing. In addition, ESG provides funding for homeless prevention activities. More than \$500,000 of ESG funding is expected to fund supportive service and homeless prevention activities in FY2002. The HOPWA program is targeted to serve persons with HIV/AIDS and provides housing subsidies and supportive service assistance. In FY2002, the HOPWA grant will provide an estimated \$730,000 of such funding. All of these programs and activities support youth in need.

The State does not currently prioritize funding based on certain population groups. This is due to the method of how HUD funds are allocated at the state level. Each year, the State issues an announcement of funding availability. Local governments and nonprofit organizations apply for funding. The State then evaluates these applications and funds the programs with the greatest housing and community development needs. Within individual programs, the agencies that administer the grants may establish priorities for applications that serve special groups or address specific needs. However, if the State were to establish *overall* funding priorities for certain population groups, there is a risk that the programs with the greatest needs would not be adequately funding and/or that funds would not be equitably distributed. That said, the agencies that administer the individual HUD programs will take into account the information you have provided about the needs of the State's youth when they are making funding decisions during FY2002.

The full Consolidated Plan contains more information about how to access the HUD funds and eligible funding activities. You can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in cursive script, reading "Heidi Aggeler".

Heidi Aggeler
Director



**ECONOMIC
DEVELOPMENT
CORPORATION**
of Wayne County, Indiana



March 28, 2002

Consolidated Plan, Indiana Dept. of Commerce
Controller's Office, Grants Management
One North Capitol, Suite 700
Indianapolis IN 46204-2248

To Whom It May Concern,

This letter is being written to share my ideas how Community Development Block Grants (CDBG), Home Investment Partnership Program (HOME) and Emergency Shelter Grants should be allocated within the State of Indiana.

Richmond is a community that is moving forward in a positive direction. But like most communities, there are issues that need serious attention. Richmond's sewers are in need of repair, owner-occupied housing is in need of rehabilitation and issues surrounding economic development can oftentimes be challenging.

My suggestions in regards to how funding should be allocated in the state include funding for ongoing programs. The City of Richmond could use an ongoing stream of CDBG funds, for example, for ongoing programs or projects including housing and infrastructure. We are currently competing for new industry that would create many new jobs in Richmond. We are at a disadvantage because we are competing with larger "entitlement communities" that have a direct and continuous flow of funding for community and economic development projects. If Richmond had the same type of continuous funding, we could better compete for much needed industry and improve the quality of life for our residents. A "mini-entitlement" program under the existing programs would be a welcome change in the funding cycles.

Thank you for your consideration of my thoughts and ideas.

Sincerely,

Renee Doty
Manager of Community Development

P.O. Box 1919 • RICHMOND, INDIANA 47375 • 765-983-GROW (4769) • 800-410-4769 • FAX 765-966-8956
E-mail: info@edwc.com <http://www.richmond-in.com>



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Ms. Renee Doty
Economic Development Corporation
P.O. Box 1919
Richmond, Indiana 47375

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms. Doty:

Thank you for your comments about establishing a mini-entitlement program for the City of Richmond. You and the others who wrote about the issue raised some interesting ideas about the distribution of housing and community development funding to nonentitlement cities in the State of Indiana.

We understand that Richmond has a range of housing and community development needs, which CDBG and HOME funding could help mitigate. Many of the needs mentioned in the letters we received about Richmond – water and sewer infrastructure improvements, housing rehabilitation, economic development, emergency shelter rehabilitation and development – are prevalent in most communities in the State. One of the potential risks of establishing a mini-entitlement program of funding is that funds could be directed away from areas in the State where they are most needed.

However, the State is in the process of researching the issue, to determine the effects of establishing a mini-entitlement program for Richmond. The Department of Commerce has met with the Mayor of Richmond to collect additional information about the city's needs. After the information is collected and analyzed, the State will make a decision about establishing a mini-entitlement program for Richmond.

Thank you again for your comments.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Aggeler, Heidi

From: Aggeler, Heidi
Sent: Wednesday, May 08, 2002 3:49 PM
To: 'neltner@in.net'
Cc: 'kboe@commerce.state.in.us'
Subject: RE: [WWW] Consolidated Plan 2002

Mr. Nelter;

Thank you again for sharing your comments about the State of Indiana Consolidated Plan.

In addition to Ms. Landes' comments, I wanted to let you know that for the upcoming program year, the State is proposing to allocate \$16 million to water and sewer infrastructure improvement projects in rural areas throughout the State. You can get find more information about the Community Focus Fund, which provides monies for water and sewer improvements, from the full Consolidated Plan (which, as Ms. Landes mentioned, is located on the web at www.indianahousing.org). Section VI of the Plan contains information about the activities the State will undertake in the next year to address housing and community development needs; Appendix G contains information on the grant programs.

If you have additional questions or would like more information, feel free to contact me at 1-800-748-3222, x256 or aggeler@bbcresearch.com. (BBC Research & Consulting, the firm for which I work, prepared the State Consolidated Plan for FY2002).

Heidi Aggeler

-----Original Message-----

From: Wendy Landes [<mailto:wlandes@ihfa.state.in.us>]
Sent: Friday, April 05, 2002 11:30 AM
To: 'neltner@in.net'
Cc: Heidi Aggeler (E-mail); Kelly Boe (E-mail); Sheryl Sharpe
Subject: FW: [WWW] Consolidated Plan 2002

Thank you for taking time to share your comments and concerns regarding Indiana infrastructure and affordable housing. We will include your comments in the Consolidated Plan Update that we submit to the U.S. Department of Housing and Urban Development (HUD). But more importantly, we will take your comments into consideration when we are making decisions about how to allocate the funds we receive from HUD.

I have forwarded your comments on to Kelly Boe with the Department of Commerce. That agency provides funding for infrastructure improvements through the Community Development Block Grants. I am sure she will see that your concerns are shared with the appropriate people.

The draft executive summary of the Consolidated Plan Update is available to view on our website. You can download this report at <http://www.indianahousing.org>. We will be accepting additional comments at two more public hearings listed below:
April 8: Noblesville Council Chamber
Noblesville City Hall
16 S 10th Street
Noblesville, IN 46060
(317) 776-6324

April 9: Columbus City Hall
123 Washington Street
Columbus, IN 47201
(812) 376-2570

Thank you again for your comments. If I can answer any questions you have about our agency and its programs, feel free to contact me at (800) 872-0371.

-----Original Message-----

From: Tom Neltner [mailto:neltner@in.net]
Sent: Saturday, March 30, 2002 12:41 PM
To: namurphy@ihfa.state.in.us
Subject: [WWW] Consolidated Plan 2002

subject: Consolidated Plan 2002

Name: Tom Neltner
Organization: Improving Kids' Environment
Email: neltner@in.net

Comments:

Two comments:

1. Failing septic systems pose a serious threat to affordable housing. Far more serious than Table 7 suggests. Marion County has 18,000 septic systems many of which must be removed and the homes connected to sewer system. Homeowners are expected to foot most of the bill. The cost of replacement and the limited access to funds to make that happen is likely to result in the foreclosure in many homes. It will undermine the integrity of these neighborhoods. In another example, Allen County is ordering as many as 4000 rural residents to pump and treat their sewage. They estimated that the cost to homeowners may be \$5000 per year. The soil problems that lead to the decision by Allen County Health Department affects many areas of Northeast Indiana. We must find a way to address failing septic systems!

2. Lead poisoning. The HUD regulations have resulted in tremendous progress to reduce lead poisoning. IHFA has taken a leadership role in that progress. However, the HUD rules create a disparity in treatment. Renters and homeowners who do not receive HUD assistance are not protected by the HUD rule. They will continue to get lead poisoned by shoddy contractors who avoid HUD work so they can continue to use dangerous work practices. Recent legislation, HEA-1171 and HEA-1013, will reduce this disparity but more coordination is needed. We need to ensure a low-income family that is not in HUD-subsidized housing can have a home that is just as safe as a HUD Section 8 home.

Thanks for the opportunity to comment.

B1: Submit



"People
helping people
help
themselves"

April 18, 2002



Frank O'Bannon, Governor
State of Indiana

Logansport State Hospital
Division of Mental Health and Addiction
1098 S. STATE ROAD 25
LOGANSPORT, IN 46947-9699
219-722-4141
FAX: 219-735-3414
TDD: 219-732-0069

John Hamilton, Secretary

To Whom It May Concern:

My name is Terry Schrock. I am the Social Service Coordinator at Logansport State Hospital. I have reviewed the 2002 Indiana Consolidated Plan update. I would agree that there is a housing shortage for the mentally ill. At Logansport State Hospital we assess patients need for inpatient stay.

We also are able to determine when a patient is ready for community placement. Unfortunately there are times when a patient has to wait for placement because of lack of housing. This is an area as the Continuum of Care Coordinator that I would like to improve. Is there any information that I could provide that would enhance our chances of obtaining more housing? Please let me know of any upcoming meetings.

Thank you.

Terry Schrock
Social Service Coordinator
Continuum of Care Coordinator

TS/mjh

J.C.A.H.O. Accredited
Equal Opportunity/Affirmative Action Employer





3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Terry Schrock
Social Service Coordinator
Family and Social Services Administration
Logansport State Hospital
1098 South State Road 25
Logansport, IN 46947-9699

Re: The State of Indiana Consolidated Plan FY2002

Dear Terry:

Thank you for your offer to provide the State with additional data for the FY2002 Consolidated Plan Update. As you know, data on the needs of special populations, including persons with mental illnesses, are scarce.

Unfortunately, by the time we received your letter, the public forums and hearings that are part of each State Consolidated Plan process had been completed for 2002. However, the State would appreciate your input in the FY2003 Consolidated Plan process. The State typically holds regional public forums in February or March and public hearings in April. The schedule for the 2003 meetings will most likely be available in December 2002. You may contact Heidi Aggeler at 800.748.3222, x256 or aggeler@bbcresearch.com to get information about the meetings.

Thank you again for your comments. We look forward to your participation in the process in 2003.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Aggeler, Heidi

From: Aggeler, Heidi
Sent: Monday, May 13, 2002 5:04 PM
To: 'George "Bud" Shipley, Jr.'
Subject: RE: Consolidated Plan Public Comment

Mr. Shipley;

Thank you again for your comments about the State Consolidated Plan. We will include your comments in the final Consolidated Plan, which is submitted to and reviewed by HUD. The State will also take your comments into consideration as funds are allocated to housing and community development programs.

The State recognizes that persons with HIV/AIDS often face multiple challenges, e.g., lack of affordable housing, lack of health care, and need for supportive services. Similarly, the State understands that persons with HIV/AIDS who are not receiving appropriate care can be at risk of losing their housing. During the past few years, the State has been moving toward a system that provides a continuum of services to persons with HIV/AIDS and/or are in need of affordable housing and who face additional challenges.

As you know, the primary source of housing and related service needs for persons with HIV/AIDS is the HOPWA grant. For FY2002, the State anticipates receiving about \$750,000 in HOPWA funding. These dollars can be used for rental assistance and supportive services, among other activities. In addition, a variety of affordable housing programs are provided through the HOME and CDBG grants the State also receives from the U.S. Department of Housing and Urban Development (HUD). These programs provide funds for rehabilitation of ownership and rental housing, new construction of affordable housing, and down payment assistance to qualifying homebuyers, among other housing activities.

The Consolidated Plan Committee does not oversee the Section 8 program; it is administered by the Indiana Family and Social Services Administration (FSSA). We are sorry to hear of the problems you encountered in receiving Section 8 assistance and will inform FSSA of your difficulties.

If you would like more information about the HOPWA program and the State's other affordable housing programs funded by HUD, you can find a copy of the draft Plan on the web at <http://www.indianahousing.org>. Hard copies of the final Plan will be available from the Indiana Department of Commerce (1-800-824-2476) in mid-summer.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Heidi Aggeler

Heidi Aggeler
BBC Research & Consulting
3773 Cherry Creek North Drive
Suite 850
Denver, CO 80209
aggeler@bbcresearch.com
303.321.2547

-----Original Message-----

From: Lisa Coffman [<mailto:lcoffman@ihfa.state.in.us>]
Sent: Monday, April 22, 2002 3:14 PM
To: 'George "Bud" Shipley, Jr.'
Cc: Michelle Kincaid; Wendy Landes; Sheryl Sharpe; 'Aggeler, Heidi'

5/14/2002

Subject: Consolidated Plan Public Comment

Mr.. Shipley,

Thank you for taking the time to share your comments and concerns regarding affordable housing options for people living with HIV/AIDS in Indiana. The Indiana Housing Finance Authority (IHFA) will include your comments in the Consolidated Plan Update that we submit to the U.S. Department of Housing and Urban Development (HUD). But more importantly, we will take your comments into consideration when we are making decisions about how to allocate the funds we receive from HUD.

I have forwarded your comments to the Consolidated Plan Committee which includes representation from IHFA, Indiana Department of Commerce and the Family and Social Services Administration. The draft executive summary of the Consolidated Plan Update is available to view on our website. You can download this report at <http://www.indianahousing.org>.

Thank you again for your comments. If I can answer any questions you have about our agency and our response to the housing needs of low income persons with HIV/AIDS in Indiana, feel free to contact me at (800) 872-0371.

Lisa Coffman
IHFA HOPWA Coordinator

-----Original Message-----

From: George "Bud" Shipley, Jr. [mailto:b.shipley@worldnet.att.net]

Sent: Monday, April 22, 2002 11:26 AM

To: Lisa Coffman

Subject: Please forward to Cons. Planning Comm.

P.O. Box 14223
Evansville, IN 47728-6223
812-424-5967
b.shipley@att.net

April 22, 2001

Indiana Consolidated Planning Committee
Indianapolis, Indiana

Ref: HIV Housing Needs for Indiana

Dear Committee Members:

I would ask that when considering the future needs for HIV/AIDS Housing in the State of Indiana that you please consider the needs of those living with HIV and AIDS in your issues.

Some of the problems that consumers face are the limited availability of Section 8 housing assistance. I know that in our community the Section 8 program is limited by having specific/certain time of year enrollment days, then a delayed wait until you are called for your housing appointment and certification to receive assistance. In my case, once I enrolled for

5/14/2002

assistance at one of the open enrollment days it then took at least another six months before I was given an appointment and called in to be certified for receiving Section 8 assistance. I also know for fact that many times on the open enrollment days that the lines of people waiting to sign up may be as long as several hours waiting in line. For someone dealing with health issues such as presented with HIV/AIDS this can be an extreme burden physically.

In our District that is served by the local AIDS Service Organization, 95% of our clients are at or below poverty level. Due to the cost of living, paying rent & utilities, putting food on the table, possibly being faced with Medicaid spend downs that are a burden to meet; and then add in the cost of HIV medications and health care, the need for adequate and appropriate housing becomes that much more important.

If a person is surviving in substandard housing, it becomes very difficult to have or build the appropriate self-esteem and positive mental attitude that is involved and needed to fight and survive this illness. Day to day struggles become insurmountable if one's living conditions cause them to not be able to "hold their head up" and pursue the things they need for survival.

Please, I urge you to take into consideration any housing opportunities that are available to persons living with HIV/AIDS.

Sincerely,
George "Bud" Shipley, Jr.
Chair, Indiana HIV Consumer Advisory Board
Statewide Representative for District 12

"It takes more courage to wear a dress for an hour than it does to wear a suit for a lifetime!"



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 8, 2002

Mr. Jack Norton
605 West 30th Street
Marion, Indiana 46953

Re: Indiana Consolidated Plan Public Hearing

Dear Mr. Norton:

Thank you very much for attending the public hearing about the FY2002 Indiana Consolidated Plan, which was held in Noblesville on April 8, 2002. Your comments about the types of housing you believe the State should provide for persons with mental illnesses and substance abuse were much appreciated. The State will take into account your opinions when funding decisions are being made this year.

In addition to your comments, you asked the State if your rent is scheduled to increase in the near future. On behalf of the State, we have contacted the Joyce House and asked about how they establish rent prices. Your rent is set by a formula that considers how much you earn each month. We are unable to provide you with specific information about your situation, however, because of confidentiality requirements. To know if your rent is going to go up, you will need to talk to your case manager, Jorge Berry. He can be reached at 765.668.6746.

Thank you again for your participation in the Consolidated Planning process.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Date: 4/4/02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1718 North 18th St
Lafayette, IN 47904

Sincerely Yours,

Virginia Clark



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Virginia Clare
1718 N. 18th St.
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Clare:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Date: 4/4/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1901 Union St. Apt 250
Lafayette, IN 47904

Sincerely Yours,

James Harris



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. James Harris
1901 Union St. Apt. 250
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Harris:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-4-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 308 Perrin Ave.

Sincerely Yours,

Jeanne Griffith



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Jeanne Griffith
308 Perrin Ave
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Griffith:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive, with the first name 'Heidi' being more prominent.

Heidi Aggeler
Director

Date: 4/4/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1901 Union #338 21p42904

Sincerely Yours,

Larry L. Brown, II



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Larry Brown, II
1901 Union St. #338
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Brown, II:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Date: 4-5-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

- ☒ An apartment complex that is for anyone, whether or not they have a mental illness.
- ☐ An apartment complex that is solely or primarily for the mentally ill.
- ☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2258 Yeager Rd
apt A
West Lafayette, In 47906

Sincerely Yours,

Sergio Butz



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Sergio Butz
2258 Yeager Rd. Apt. A
West Lafayette, IN 47906

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Butz:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive, with the first name 'Heidi' being more prominent.

Heidi Aggeler
Director

Date: 4-5-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2525 Richmond CT
APT D
Ellettsville, IN. 4790

Sincerely Yours,

Roger C. Smith



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Roger Smith
2525 Richmond Ct. Apt. D
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Smith:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-5-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 3226 S. 9th ST
APT B
Indianapolis, IN 46209

Sincerely Yours,

Kathleen Howard



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Kathleen Howard
3226 S. 9th St. Apt. B
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Howard:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive, with the first name 'Heidi' being more prominent than the last name 'Aggeler'.

Heidi Aggeler
Director

Date: 4/5/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

 An apartment complex that is for anyone, whether or not they have a mental illness.

 X An apartment complex that is solely or primarily for the mentally ill.

 A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1829 Shoshone Drive Apt 13
Lafayette, IN 47909

Sincerely Yours,

Stephen Phipps



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Stephen Phipps
1829 Shoshone Dr. Apt. 13
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Phipps:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', is written over the printed name.

Heidi Aggeler
Director

Date: 4-8-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

 An apartment complex that is for anyone, whether or not they have a mental illness.

 An apartment complex that is solely or primarily for the mentally ill.

 A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 225 S. 4th St. Apt. 2
Lafayette, IN 47909

Sincerely Yours,

Polly Brown



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Polly Brown
225 S. 4th St. Apt. 2
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Brown:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

4-9-02

To Whom it may concern
I am a mental health
consumer from valparaiso In.
I am opposed to housing dollars
being used to construct and
fund group homes for
mentally ill person in
In. My preference and the
preference of others is
to have subsidized ~~fully~~
housing in the general community.
Please consider my input
in your deliberation on
this issue

Sincerely
David Mcieght
2646 VALPARAISO
VALPARAISO IN
46383





3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 14, 2002

Mr. David Moffet
2646 Valparaiso
Valparaiso, IN 46383

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Moffet:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Heidi Aggeler', written in black ink.

Heidi Aggeler
Director

Date: 4/9/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: STEVE SPURGEON
1901 Union St. Apt. 333
LAFAYETTE, IN 47904

Sincerely Yours,

Steve Spurgeon



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Steve Spurgeon
1901 Union St. Apt. 333
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Spurgeon:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Heidi Aggeler', written in black ink.

Heidi Aggeler
Director

Date: 4/9/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Frank Gunnix
3859 Wembley Dr. Apt. D
LAFAYETTE, IN. 47905

Sincerely Yours,

Franklin Gunnix



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Frank Gunniott
3859 Wembley Dr. Apt. D
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Gunniott:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Brian

Date: 4-9-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

Maybe ☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Brian Snoddy
1817 Shoshone #23
Lafayette, IN 47905

Sincerely Yours,

X Brian K Snoddy



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Brian Snoddy
1817 Shoshone #23
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Snoddy:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-9-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2450 S. Earl Ave. #18
Laf. Ind. 47905

Sincerely Yours,

Sandra Beavers



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Sandra Beavers
2450 S. Earl Ave. #18
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Beavers:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4/10/02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Jerry R. Wilson
1901 Union St. Apt 218
LA Fayette, IN 47904

Sincerely Yours,

Jerry R Wilson



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Jerry Wilson
1901 Union St. Apt. 218
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Wilson:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4/10/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Michael Dailay
2015 MEhanny St.
LAFAYETTE, IN 47904

Sincerely Yours,

Michael D. Dailay



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Michael Dailey
2015 Mehanny St.
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Dailey:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', is written over the printed name.

Heidi Aggeler
Director

Date: 4/19/08

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Glenn Mosey
1901 Union St Apt 118
LAFAYETTE, IN. 47904

Sincerely Yours,

Glenn Mosey



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Gean Mosey
1901 Union St. Apt. 118
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Mosey:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-10-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1901 Union St. #342
Lafayette, IN 47905

Sincerely Yours,

X Lathey Wampler



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Lathey Wampler
1901 Union St. #342
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Wampler:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

2/10/02

Date: 4-10-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 276 Smith St
Lafayette, In 47905

Sincerely Yours,

Lisa Jensen



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Lisa Jensen
276 Smith St.
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Jensen:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4-10-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Sylvia Carnes
601 Tippecanoe St. Apt. 12
Lafayette, Indiana 47904

Sincerely Yours,

Sylvia Carnes



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Sylvia Carnes
601 Tippecanoe St. Apt. 12
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Carnes:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Wend

Date: 4-11-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 3220 S 9th #C
Lafayette, In 47909

Sincerely Yours,

X David J Engstrom



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. David Engstrom
3220 S. 9th #C
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Engstrom:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4/11/2002

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

- ☒ An apartment complex that is for anyone, whether or not they have a mental illness.
- ☐ An apartment complex that is solely or primarily for the mentally ill.
- ☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Robb A Weth
3595 Chauncy Village
Ind. Ind 47907

Sincerely Yours,

Robb A Weth



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Ruth Welth
3595 Chauncy Village
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Welth:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive, with the first name 'Heidi' being more prominent.

Heidi Aggeler
Director

Date: 4/22/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☐ An apartment complex that is for anyone, whether or not they have a mental illness.

☒ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 115 Stonecreek Apt. 1901
Union Lafayette Indiana 47905
1901 Union St. Apt. #115
Laf, IN 47904

Sincerely Yours,

John Charles Schoonover



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. John Schoorover
1901 Union St. Apt. 115
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Schoorover:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-22-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

_____ An apartment complex that is for anyone, whether or not they have a mental illness.

☒ An apartment complex that is solely or primarily for the mentally ill.

_____ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Susan Dietz
1022 N. 21st St
Lat., IN 47904

Sincerely Yours,

Susan Dietz



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Susan Diety
1022 N. 21st St.
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Diety:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Date: 4-22-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

~~☐ An apartment complex that is solely or primarily for the mentally ill.~~

~~☐ A group home for the mentally ill.~~

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1022^{N.} 21ST. STREET
LAFAYETTE IND.

Sincerely Yours,

Craig A. Stevenson



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Craig Stevenson
1022 N. 21st St.
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Stevenson:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4-13-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2023 Stillwell St Apt A
Lafayette, In.
47905

Sincerely Yours,

Lani L. Ramey



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Lori Ramey
2023 Stillwell St. Apt. A
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Ramey:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-23-2002

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Tippecanoe Villa
5307 N. 50 W.
West Laf, IN 47906

Sincerely Yours,

Elaine Stapan



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Elaine Stapan
5307 N. 50 W.
West Lafayette, IN 47906

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Stapan:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4/23/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1022 W. 21st street

Sincerely Yours,

James Mailland



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. James Maillant
1022 N. 21st St.
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Maillant:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive.

Heidi Aggeler
Director

Date: 4/23/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2102 BANSTEAD COURT
LAFAYETTE, INDIANA
47904

Sincerely Yours,

Beth Ann Halt



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Beth Halt
2102 Banstead Court
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Halt:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4/23/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1817-14 Shoshone Drive
Lafayette, Ind.
47909

Sincerely Yours,

Lori A. Bacon



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Lori Bacon
1817-14 Shoshone Dr.
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Bacon:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4/23

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☐ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☒ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2304 Gregory Ave
LAFAYET

Sincerely Yours,

Steve Wade



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Steve Wade
2304 Gregory Ave.
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Wade:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-5-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248



Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

- ☒ An apartment complex that is for anyone, whether or not they have a mental illness.
- ☐ An apartment complex that is solely or primarily for the mentally ill.
- ☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2525 Richmond CT
APT D
Indianapolis, IN. 4790

Sincerely Yours,

Roger C. Smith



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Fred Smith
1901 Union St. Apt. 112
Lafayette, IN 47904

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Smith:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4/23/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

- ☒ An apartment complex that is for anyone, whether or not they have a mental illness.
- ☐ An apartment complex that is solely or primarily for the mentally ill.
- ☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 5307⁵⁰ N. West
West Lafayette Ind
47906

Sincerely Yours,

Pauline Conley



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Pauline Conley
5307 N. 50 W.
West Lafayette, IN 47906

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Conley:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4-23-02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 3232 South 9th Street
Apt. B
La Fayette Indiana 47909

Sincerely Yours,

Donald L. Prather



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Donald Prather
3232 South 9th St. Apt. A
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Prather:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 7-23-08

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☐ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☒ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Tipacave Villa
W. Laf. In
47706

Sincerely Yours,

Marilyn Berkshire



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Marilyn Burkshire
5307 N. 50 W.
West Lafayette, IN 47906

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Burkshire:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: 4-5-02



Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 3226 S. 9th ST
APT B
Indianapolis, IN. 46209

Sincerely Yours,

Kathleen Howard



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Vivian Howard
5307 N. 50 W.
West Lafayette, IN 47906

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Howard:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Date: _____

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

- ☒ An apartment complex that is for anyone, whether or not they have a mental illness.
- ☐ An apartment complex that is solely or primarily for the mentally ill.
- ☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address:

Walter McNeal
407 Perry Street Apt 512
Bryn Mawr Rd 47190

Sincerely Yours,

Walter McNeal



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Walter McNeal
407 Ferry St. Apt. 312
Lafayette, IN 47909

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. McNeal:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is fluid and cursive, with the first name 'Heidi' being more prominent.

Heidi Aggeler
Director

Date: _____

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: Gregory!
2304 Gregory Avenue
Lafayette, Indiana 47905

Sincerely Yours,

Diane S Bee



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Diane Bee
2304 Gregory Ave.
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Bee:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Aggeler', written in a cursive style.

Heidi Aggeler
Director

Date: 4/23/02

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 1901 Union St. Apt. 112
Lafayette, In. 47904
Fred Smith

Sincerely Yours,

Fred Smith



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Ronald Smith
3852 Harrow Ct. Apt. C
Lafayette, IN 47905

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Smith:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'.

Heidi Aggeler
Director

Date: _____

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

☒ An apartment complex that is for anyone, whether or not they have a mental illness.

☐ An apartment complex that is solely or primarily for the mentally ill.

☐ A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: 2450 SYCAMORE LANE APT. 4A
WEST LAFAYETTE, IN 47906-1951

Sincerely Yours,

Michael E. Mortenson



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Ms Michael Mortenson
2450 Sycamore Lane. Apt. 4A
West Lafayette, IN 47909-1951

Re: The State of Indiana Consolidated Plan FY2002

Dear Ms Mortenson:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Date: _____

Consolidated Plan, IN. Dept. Of Commerce
Controller's Office, Grants Management Division
One North Capital Ave., Suite 700
Indianapolis, In. 46204-2248

Re: Housing Preferences

To Whom It May Concern,

It has been brought to my attention that there seems to be some confusion about housing preferences of persons diagnosed with a mental illness. To help clarify my preferences, I have checked the housing option I most prefer.

a An apartment complex that is for anyone, whether or not they have a mental illness.

a An apartment complex that is solely or primarily for the mentally ill.

a A group home for the mentally ill.

If you have further questions about my housing preferences, please contact me at the following address.

Address: my home 90 NEWMIAN
ROAD West Lafayette

Sincerely Yours,

Mike Teuler



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

May 15, 2002

Mr. Mike Teler
90 S. Newman Rd.
West Lafayette, IN 47906

Re: The State of Indiana Consolidated Plan FY2002

Dear Mr. Teler:

Thank you for your comments on the State of Indiana's Draft Consolidated Plan. The state worked hard to involve citizens and stakeholders in the planning process. We appreciate your writing about your preference for housing persons with mental illnesses.

Special needs groups, including persons with mental illnesses, need a combination of housing and community services to ensure quality of life. The State recognizes that the needs of special needs groups range from an intensive, high level of services to very minor assistance, and that State programs must be flexible to accommodate all levels of need. The four programs covered under the Consolidated Plan – the Community Development Block Grant, the HOME Investment Partnerships Program, the Emergency Shelter Grant Program, and the Housing Opportunities for Persons with AIDS Program – all fund a range of housing and supportive services for Indiana's citizens.

In addition to your letter we also received 37 other letters from residents who would prefer to be housed in heterogeneous housing rather than that specifically designated for persons with mental illnesses. We received five letters indicating a preference for being housed in an apartment complex that is solely for persons with mental illnesses. The State will take these preferences into account when allocating project funding in the upcoming program year.

Thank you again for your comments. We hope you will stay involved in the Consolidated Plan process in the future.

Sincerely,

A handwritten signature in black ink that reads 'Heidi Aggeler'. The signature is written in a cursive, flowing style.

Heidi Aggeler
Director

Rhode, Glissen

From: Aggeler, Heidi
Sent: Monday, May 13, 2002 5:11 PM
To: Rhode, Glissen
Subject: FW: New Indiana Consolidated Plan

To whom it concerns:

I want my comments to be taken in consideration regarding the new consolidated plan for Indiana. I am a 29 yr old single mom with a mental illness. I have been a Hoosier all of my life. I want to live in housing with persons of all diverse types, disabled or not. I believe anyone with a mental disability should be able to live in an integrated community. I would never want to be placed in a group home with just other mentally challenged people. The suggestion of such a thing reminds me of how the blacks and whites use to be segregated. It's just inhumane. I am currently living in Columbus, IN. I would love to attend the public hearing but I have scheduled group therapy. I hope you take my comments in consideration. Thanks!

APPENDIX F.

2001 Fund Allocations

APPENDIX F.

2001 Fund Allocations

Funding allocations for the 2001 fiscal year are presented in this appendix. The following provides summary distributions for each of the respective programs.

Indiana Department of Commerce, CDBG Program

The State was awarded approximately \$38.1 million in CDBG funds in 2001. The majority of this funding, \$25 million, was allocated to the Community Focus Fund (CFF) Program. A variety of projects were funded through the CFF, including:

- Community service and family service centers totaling \$1.2 million;
- A facility for adults who are disabled at \$470,000;
- A Head Start center at \$490,000;
- Several fire stations and fire trucks at \$2 million;
- A library at \$925,000;
- \$860,000 in historic preservation grants;
- \$1.4 million in neighborhood revitalization grants;
- Senior centers at \$1.2 million;
- Improvements to storm water systems at \$3.4 million;
- Improvements to water and sewer infrastructure at \$12.6 million; and
- Affordable housing infrastructure at \$330,000.

The Community Economic Development Fund received \$3 million in 2001. These funds were used for projects that supported economic development, including construction of infrastructure; purchase of real property and equipment; job-training costs for low and moderate income individuals; and environmental improvements. The Housing Development Fund was allocated \$5 million; uses of these funds are discussed in the IHFA allocation section below. The Planning Fund was allocated \$1.5 million to support planning activities that assist local governments with community development. Three cities received a total of \$988,000 of grants through the Brownfield Initiative.

Indiana Housing Finance Authority, HOME Program

IHFA was awarded \$14.1 million in HOME funds during FY2001. In addition, IHFA administered \$5 million of CDBG funds through the IDOC Housing Development Fund. About 95 percent of the \$5 million in the Housing Development Fund (HDF) was dedicated to the Housing from Shelters to Homeownership program; 5 percent, or about \$240,000, funded housing needs assessments and feasibility studies. The majority of the CDBG funds (\$4 million or 83 percent) dedicated to Housing from Shelters to Homeownership funded owner occupied rehabilitation projects. The funds were also used for rental housing and migrant/seasonal farmworker housing.

The majority (\$7 million or 60 percent) of HOME grant monies were allocated to Housing from Shelters to Homeownership, which funded a variety of projects, including transitional housing, rental housing, lease purchase units, owner occupied housing and homeownership counseling and downpayment assistance. The HOME grant also funded predevelopment loans, seed money loans, and operating grants for CHDOs; first time homebuyer downpayment assistance; and supplemented rental housing tax credit programs.

A complete accounting of these allocations is located with the HOME Allocation Plan in Appendix G.

Indiana Housing Finance Authority, HOPWA Program

IHFA was awarded \$686,000 in HOPWA funding for program year 2001. Funds were distributed to eleven organizations across the state. HOPWA grant dollars funded the following activities in 2001:

- Tenant based rental assistance at \$362,000;
- Short term rental assistance at \$138,000;
- Acquisition, rehabilitation, and repair at \$12,000;
- Supportive services at \$82,050;
- Housing information services at \$25,000;
- Resource identification services at \$2,000;
- Program administration at \$43,071;
- Operating costs at \$5,162; and
- Technical assistance at \$1,000.

Indiana Family and Social Services Administration

The total dollar amount awarded to ESG grantees during FY2001 was \$1.7 million. ESG funds were allocated to essential services (\$344,000 or 20 percent of funding), shelter operations (approximately \$1.2 million, or 66 percent of funding) and homeless prevention activities (\$182,000 or 10 percent of funding). This allocation supported more than 3,400 beds and 25,000 clients. The funds provided support to individuals representing the following population groups:

- Chemically dependent persons;
- Unaccompanied/pregnant unaccompanied women;
- Single parent families;
- Two parent families;
- Adult couples with kids;
- Victims of domestic violence;
- Victims of sexual assault;
- Neglected and abused children;
- Persons living with AIDS/HIV;
- Unaccompanied adult males and adult males; and
- Complete families.

APPENDIX G.
2002 Allocation Plan

APPENDIX G.

2002 Allocation Plan

This appendix presents the FY2002 allocation plans for the Indiana Department of Commerce – administrator of the CDBG grant program; the Indiana Housing Finance Authority – administrator of HOME funding and HOPWA funding; and the Family and Social Services Administration – administrator of the ESG program.

CDBG Allocation Plan

STATE OF INDIANA
STATE COMMUNITY DEVELOPMENT BLOCK GRANT
(CDBG) PROGRAM (CFDA: 14-228)
INDIANA DEPARTMENT OF COMMERCE
FY 2002 PROGRAM DESIGN AND METHOD OF DISTRIBUTION

GENERAL BACKGROUND INFORMATION AND NATIONAL CDBG OBJECTIVES

The State of Indiana, through the Indiana Department of Commerce, assumed administrative responsibility for Indiana's Small Cities Community Development Block Grant (CDBG) Program in 1982, under the auspices of the U.S. Department of Housing and Urban Development (HUD). In accordance with 570.485(a) and 24 CFR Part 91, the State must submit a Consolidated Plan Update to HUD by May 15th of each year following an appropriate citizen participation process pursuant to 24 CFR Part 91.325, which prescribes the State's Consolidated Plan Update process as well as the proposed method of distribution of CDBG funds for 2002. **The State of Indiana's anticipated allocation of federal Community Development Block Grant (CDBG) funds for FY 2002 is \$37,879,000.**

This document applies to all federal Small Cities CDBG funds allocated by HUD to the State of Indiana, through its Department of Commerce. **During FY 2002, the State of Indiana does not propose to pledge a portion of its present and future allocation(s) of Small Cities CDBG funds as security for Section 108 loan guarantees provided for under Subpart M of 24 CFR Part 570 (24 CFR 570.700).**

The primary objective of Indiana's Small Cities CDBG Program is to assist in the development and re-development of viable Indiana communities by using CDBG funds to provide a suitable living environment and expand economic opportunities, principally for low and moderate income persons.

Indiana's program will place emphasis on making Indiana communities a better place in which to reside, work, and recreate. Primary attention will be given to activities, which promote long term community development and create an environment conducive to new or expanded employment opportunities for low and moderate income persons.

Activities and projects funded by the Department of Commerce must be eligible for CDBG assistance pursuant to 24 CFR 570, et. seq., and meet one of the three (3) national objectives prescribed under the Federal Housing and Community Development Act, as amended (Federal Act). To fulfill a national CDBG objective a project must meet one (1) of the following requirements pursuant to Section 104 (b)(3) of the Federal Act, and 24 CFR 570.483, et seq., and must be satisfactorily documented by the recipient:

1. Principally benefit persons of low and moderate income families; or,
2. Aid in the prevention or elimination of slums and blight; or,
3. Undertake activities, which have urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where no other financial resources are available to meet such needs.

In implementing its FY 2002 CDBG Consolidated Plan Update, the Indiana Department of Commerce will pursue the following goals respective to the use and distribution of FY 2002 CDBG funds:

GOAL 1: Invest in the needs of Indiana's low and moderate income citizens in the following areas:

- a. Safe, sanitary and suitable housing
- b. Child care
- c. Health services
- d. Homelessness
- e. Job creation, retention and training
- f. Self-sufficiency for special needs groups
- g. Senior lifestyles

The Department of Commerce will pursue this goal of **investing in the needs of Indiana's low and moderate income citizens** and all applicable strategic priorities by distributing CDBG funds in a manner which promotes suitable housing, viable communities and economic opportunities.

GOAL 2: Invest in the needs of Indiana's communities in the following areas:

- a. Housing preservation, creation and supply of suitable rental housing
- b. Neighborhood revitalization
- c. Public infrastructure improvements
- d. Provision of clean water and public solid waste disposal
- e. Special needs of limited-clientele groups
- f. Assist local communities with local economic development projects, which will result in the attraction, expansion and retention of employment opportunities for low and moderate income persons

The Department of Commerce will pursue this goal of investing in the needs of Indiana's communities and all applicable strategic priorities by distributing CDBG funds in a manner which promotes suitable housing, preservation of neighborhoods, provision and improvements of local public infrastructure and programs which assist persons with special needs. The Department of Commerce will also pursue this goal by making CDBG funds available to projects, which will expand and/or retain employment opportunities for low and moderate income persons.

GOAL 3: Invest CDBG funds wisely and in a manner which leverages all tangible and intangible resources:

- a. Leverage CDBG funds with all available federal, state and local financial and personal resources
- b. Invest in the provision of technical assistance to CDBG applicants and local capacity building
- c. Seek citizen input on investment of CDBG funds
- d. Coordination of resources (federal, state and local)
- e. Promote participation of minority business enterprises (MBE) and women business enterprises (WBE)
- f. Use performance measures and continued monitoring activities in making funding decisions

The Department of Commerce will pursue this goal of **investing CDBG wisely** and all applicable strategic priorities by distributing CDBG funds in a manner, which promotes exploration of all alternative resources (financial and personal) when making funding decisions respective to applications for CDBG funding.

PROGRAM AMENDMENTS

The Indiana Department of Commerce reserves the right to transfer up to ten percent (10%) of each fiscal year's available allocation of CDBG funds (i.e. FY 2002 as well as prior-years' reversions balances) between the programs described herein in order to optimize the use and timeliness of distribution and expenditure of CDBG funds, without formal amendment of this Consolidated Plan Update.

The Department of Commerce will provide citizens and general units of local government with reasonable notice of, and opportunity to comment on, any substantial change proposed to be made in the use of FY 2002 CDBG as well

as reversions and residual available balances of prior-years' CDBG funds. "Substantial Change" shall mean the movement between programs of more than ten percent (10%) of the total allocation for a given fiscal year's CDBG funding allocation, or a major modification to programs described herein. The Department of Commerce, in consultation with the Indianapolis office of the US Department of Housing and Urban Development (HUD), will determine those actions, which may constitute a "substantial change".

The State (IDOC) will formally amend its FY 2002 Consolidated Plan Update if the Department of Commerce's **Method of Distribution for FY 2002 and prior-years funds** prescribed herein is to be significantly changed. The IDOC will determine the necessary changes, prepare the proposed amendment, provide the public and units of general local government with reasonable notice and opportunity to comment on the proposed amendment, consider the comments received, and make the amended FY 2002 Consolidated Plan Update available to the public at the time it is submitted to HUD. In addition, the Department of Commerce will submit to HUD the amended Consolidated Plan Update before the Department implements any changes embodied in such program amendment.

ELIGIBLE ACTIVITIES/FUNDABILITY

All activities, which are eligible for federal CDBG funding under Section 105 of the Federal Housing and Community Development Act of 1974, as amended (Federal Act), are eligible for funding under the Indiana Department of Commerce's FY 2002 CDBG program. However, the Indiana Department of Commerce reserves the right to prioritize its method of funding; the Department of Commerce prefers to expend federal CDBG funds on activities/projects which will produce tangible results for principally low and moderate income persons in Indiana. Funding decisions will be made using criteria and rating systems, which are used for the State's programs and are subject to the availability of funds. It shall be the policy under the state program to give priority to using CDBG funds to pay for actual project costs and not to local administrative costs. **The State of Indiana certifies that not less than seventy-percent (70%) of FY 2002 CDBG funds will be expended for activities principally benefiting low and moderate income persons, as prescribed by 24 CFR 570.484, et. seq.**

ELIGIBLE APPLICANTS

1. All Indiana counties, cities and incorporated towns which do not receive CDBG entitlement funding directly from HUD or are not located in an "urban county" or other area eligible for "entitlement" funding from HUD.
2. All Indian tribes meeting the criteria set forth in Section 102 (a)(17) of the Federal Act.

In order to be eligible for CDBG funding, applicants may not be suspended from participation in the HUD-funded CDBG Programs or the Indiana Department of Commerce due to findings/irregularities with previous CDBG grants or other reasons. In addition, applicants may not be suspended from participation in the state CDBG-funded projects administered by the Indiana Housing Finance Authority (IHFA), such funds being subcontracted to the IHFA by the Department of Commerce.

Further, in order to be eligible for CDBG funding, applicants may not have overdue reports, overdue responses to monitoring issues, or overdue grant closeout documents for projects funded by either the Department of Commerce or IHFA projects funded using state CDBG funds allocated to the IHFA by the Department of Commerce. All applicants for CDBG funding must fully expend all CDBG Program Income as defined in 24 CFR 570.489(e) prior to, or as a part of the proposed CDBG-assisted project, in order to be eligible for further CDBG funding from the State. This requirement shall not apply to principal and interest balances within a local CDBG Revolving Loan Fund approved by the Department of Commerce pursuant to 24 CFR 570.489.

Other specific eligibility criteria are outlined in **General Selection Criteria** provided herein.

FY 2002 FUND DISTRIBUTION

Sources of Funds:

FY 2002 CDBG Allocation	\$ 37,879,000
CDBG Program Income(a)	<u>0</u>
Total:	<u>\$ 37,879,000</u>

Uses of Funds:

1. Community Focus Fund (CFF)	\$ 24,642,630
2. Housing Program	5,000,000
3. Community Economic Development Fund	4,000,000
4. Quick Response Fund	0
5. Brownfield Initiative	1,400,000
6. Technical Assistance Fund	378,790
7. Planning Fund	1,600,000
8. Administration	<u>857,580</u>
Total:	<u>\$ 37,879,000</u>

(a) The State of Indiana (Department of Commerce) does not project receipt of any CDBG program income for the period covered by this FY 2002 Consolidated Plan Update. In the event the Department of Commerce receives such CDBG Program Income, such moneys will be placed in the Community Focus Fund for the purpose of making additional competitive grants under that program. Reversions of other years' funding will be placed in the Community Focus Fund for the specific year of funding reverted. The State will allocate and expend all CDBG Program Income funds received prior to drawing additional CDBG funds from the US Treasury. However, the following exceptions shall apply:

1. This prior-use policy shall not apply to housing-related grants made to applicants by the Indiana Housing Finance Authority (IHFA), a separate agency, using CDBG funds allocated to the IHFA by the Department of Commerce.
2. CDBG program income funds contained in a duly established local Revolving Loan Fund(s) for economic development or housing rehabilitation loans which have been formally approved by the Department of Commerce. However, all local revolving loan funds must be "revolving" and cannot possess a balance of more than \$50,000 at the time of application of additional CDBG funds.
3. Program income generated by CDBG grants awarded by the Department of Commerce (State) using FY 2002 CDBG funds must be returned to the Department of Commerce, however, such amounts of less than \$25,000 per calendar year shall be excluded from the definition of CDBG Program Income pursuant to 24 CFR 570.489.

All obligations of CDBG program income to projects/activities, except locally-administered revolving loan funds approved by the Department of Commerce, require prior approval by the Department of Commerce. This includes use of program income as matching funds for CDBG-funded grants from the IHFA. Applicable parties should contact the Grants Management Section of the Controller's Office of the Indiana Department of Commerce at (317) 232-8333 for application instructions and documents for use of program income prior to obligation of such funds.

Furthermore, U.S. Department of Treasury regulations require that CDBG program income cash balances on hand be expended on any active CDBG grant being administered by a grantee before additional federal CDBG funds are requested from the Department of Commerce. These US Treasury regulations apply to projects funded both by

IHFA and the Department of Commerce. Eligible applicants with CDBG program income should strive to close out all active grant projects presently being administered before seeking additional CDBG assistance from the Department of Commerce or IHFA.

Eligible applicants with CDBG program income should contact the Grants Management Section of the Controller's Office of the Department of Commerce at (317) 232-8333 for clarification before submitting an application for CDBG financial assistance.

METHOD OF DISTRIBUTION

The choice of activities on which the State (Department of Commerce) CDBG funds are expended represents a determination by Department of Commerce and eligible units of general local government, developed in accordance with the Department's CDBG program design and procedures prescribed herein. The eligible activities enumerated in the following Method of Distribution are eligible CDBG activities as provided for under Section 105(a) of the Federal Act, as amended.

All projects/activities funded by the State (Department of Commerce) will be made on a basis which addresses one (1) of the three (3) national objectives of the Small Cities CDBG Program as prescribed under Section 104(b)(3) of the Federal Act and 24 CFR 570.483 of implementing regulations promulgated by HUD. CDBG funds will be distributed according to the following Method of Distribution (program descriptions):

A. Community Focus Fund (CFF): \$24,642,630

The Department Commerce will award community Focus Fund (CFF) grants to eligible applicants to assist Indiana communities in the areas of public facilities, housing-related infrastructure, and all other eligible community development needs/projects. Applications for economic development activities may not be appropriate for the CFF Program. Applications for funding, which are applicable to local economic development and/or job-related training projects, should be pursued under the Department of Commerce's Community Economic Development Fund (CEDF). Projects eligible for consideration under the CEDF program under this Method of Distribution shall generally not be eligible for consideration under the CFF Program. Eligible activities include applicable activities listed under Section 105(a) of the Federal Act. Typical Community Focus Fund (CFF) projects include, but are not limited to:

1. Local infrastructure improvements (i.e. water, sewer, street and related improvements);
2. Construction of other public facilities (i.e. day-care centers, senior centers, etc.);
3. Commercial rehabilitation and downtown revitalization projects; and,
4. Special purpose facilities for "limited clientele" populations;

Applications will be accepted and awards will be made on a competitive basis two (2) times a year. Approximately one-half of available CFF funds shall be budgeted for each funding round and awards will be scored competitively based upon the following criteria (total possible numerical score of 1,000 points):

1. Economic and Demographic Characteristics: 450 Points - Variable by Each Application:

- a. National Objective Score: 200 points
- b. Community distress factors: 250 points

2. Project Design Factors: 450 Points - Variable by Each Application:

- a. Financial impact
- b. Project need
- c. Local effort

3. Local Match Contribution: 100 Points - Variable by Each Application

The specific threshold criteria and basis for project point awards for CFF grant awards are provided in attachments hereto. The Community Focus Fund (CFF) Program shall have a maximum grant amount of \$500,000 for each project and each applicant may apply for only one project in a grant cycle. The only exception to this \$500,000 limit will be for those CFF applicants who apply for the Department of Commerce's Minority Business Enterprise (MBE) Utilization Program. Under this program, the Department of Commerce will allocate an additional amount

of CDBG-CFF grant funds to those applicants who apply for participation in the MBE program and who are awarded CFF grants. The maximum additional allocation to the CFF grant amount will be five-percent (5%) of the total amount of CDBG allocated to each CFF budget line item to be considered participatory for such MBE utilization, limited to \$25,000 ($\$500,000 \times 0.05 = \$25,000$).

Projects will be funded in two (2) cycles each year with approximately a six (6) month pre-application and final-application process. Projects will compete for CFF funding and be judged and ranked according to a standard rating system (Attachment D). The highest ranking projects will be funded to the extent of funding available for each specific CFF funding cycle/round. The Department of Commerce will provide eligible applicants with adequate notice of deadlines for submission of CFF proposal (pre-application) and full applications. Specific threshold criteria and point awards are explained in Attachments C and D to this Consolidated Plan Update.

For the CFF Program, the cost/beneficiary ratio for CDBG funds granted will be maintained at a reasonable rate, except for daycare and housing-related projects where that ratio will not exceed \$10,000 per beneficiary.

B. Housing Program: \$5,000,000

The State (Department of Commerce) has contracted with the Indiana Housing Finance Authority (IHFA) to administer funds allocated to the State's Housing Program. The Indiana Housing Finance Authority will act as the administrative agent on behalf of the Indiana Department of Commerce. Please refer to the Indiana Housing Finance Authority's portion of this FY 2002 Consolidated Plan Update for the method of distribution of such subcontracted CDBG funds from the Department of Commerce to the IHFA.

C. Community Economic Development Fund/Program: \$4,000,000

The Community Economic Development Fund (CEDF) will be available through the Development Finance Division of the Indiana Department of Commerce. This fund will provide funding for various eligible economic development activities pursuant to 24 CFR 507.203. The CEDF Program will have a sub-program entitled the Industrial Development Infrastructure Program (IDIP), hereunder the Department of Commerce will give priority for CEDF-IDIP funding to construction of off-site and on-site infrastructure projects in support of low and moderate income employment opportunities.

Eligible CEDF activities will include any eligible activity under 24 CFR 570.203, to include the following:

1. Construction of infrastructure (public and private) in support of economic development projects;
2. Loans or grants by applicants for the purchase of manufacturing equipment;
3. Loans or grants by applicants for the purchase of real property and structures (includes vacant structures);
4. Loans or grants by applicants for the rehabilitation of facilities (vacant or occupied);
5. Loans or grants by applicants for the purchase and installation of pollution control equipment;
6. Loans or grants by applicants for the mitigation of environmental problems via capital asset purchases;

Eligible CEDF activities will also include grants to applicants for job-training costs for low and moderate income persons as a limited clientele activity under 24 CFR 570.483(b)(2)(v).

Projects/applications will be evaluated using the following criteria:

1. The importance of the project to Indiana's economic development goals;
2. The number and quality of new jobs to be created;
3. The economic needs of the affected community;
4. The economic feasibility of the project and the financial need of the affected for-profit firm, or not-for-profit corporation; the availability of private resources;
5. The level of private sector investment in the project.

Grant applications will be accepted and awards made until funding is no longer available. The intent of the program is to provide necessary public improvements and/or job training for an economic development project to encourage the creation of new jobs. In some instances, the Department of Commerce may determine that the needed facilities/improvements may also benefit the project area as a whole (i.e. certain water, sewer, and other public facilities improvements), in which case the applicant will be required to also meet the “area basis” criteria for funding under the Federal Act.

1. Beneficiaries and Job Creation/Retention Assessment:

The assistance must be reasonable in relation to the expected number of jobs to be created or retained by the benefiting business(es) within 12 months following the date of substantial completion of project construction activities. Before CDBG assistance will be provided for such an activity, the applicant unit of general local government must develop an assessment, which identifies the businesses located or expected to locate in the area to be served by the improvement. The assessment must include for each identified business a projection of the number of jobs to be created or retained as a result of the public improvements.

2. Public Benefit Standards:

The Department of Commerce will conform to the provisions of 24 CFR 570.482(f) for purposes of determining standards for public benefit and meeting the national objective of low and moderate income job creation or retention will be all jobs created or retained as a result of the public improvement, financial assistance, and/or job training by the business(es) identified in the job creation/retention assessment in 1 above. The investment of CDBG funds in any economic development project shall not exceed an amount of \$35,000 per job created; at least fifty-one percent (51%) of all such jobs, during the project period, shall be given to, or made available to, low and moderate income persons.

Projects will be evaluated on the amount of private investment to be made, the number of jobs for low and moderate income persons to be created or retained, the cost of the public improvement and/or job training to be provided, the ability of the community (and, if appropriate, the assisted company) to contribute to the costs of the project, and the relative economic distress of the community. Actual grant amounts are negotiated on a case by case basis and the amount of assistance will be dependent upon the number of new full-time permanent jobs to be created and other factors described above. Construction and other temporary jobs may not be included. Part-time jobs are ineligible in the calculating equivalents. Grants made on the basis of job retention will require documentation that the jobs will be lost without such CDBG assistance and a minimum of fifty-one percent (51%) of the beneficiaries are of low and moderate income.

Pursuant to Section 105(e)(2) of the Federal Act as amended, and 24 CFR 570.209 of related HUD regulations, CDBG-CEDF funds allocated for direct grants or loans to for-profit enterprises must meet the following tests, (1) project costs must be reasonable, (2) to the extent practicable, reasonable financial support has been committed for project activities from non-federal sources prior to disbursement of federal CDBG funds, (3) any grant amounts provided for project activities do not substantially reduce the amount of non-federal financial support for the project, (4) project activities are determined to be financially feasible, (5) project-related return on investment are determined to be reasonable under current market conditions, and, (6) disbursement of CDBG funds on the project will be on an appropriate level relative to other sources and amounts of project funding.

A need (financial gap), which is not directly available through other means of private financing, should be documented in order to qualify for such assistance; the Department of Commerce will verify this need (financial gap) based upon historical and/or pro-forma projected financial information provided by the for-profit company to be assisted. Applications for loans based upon job retention must document that such jobs would be lost without CDBG assistance and a minimum of fifty-one percent (51%) of beneficiaries are of low-and-moderate income, or the recipient for-profit entity agrees that for all new hires, at least 51% of such employment opportunities will be given to, or made available to, persons of low and moderate income. All such job retention/hiring performance must be documented by the applicant/grantee, and the DOC reserves the right to track job levels for an additional two (2) years after administrative closeout.

D. Brownfields Initiative

The Department of Commerce will set aside \$1,400,000 of its FY 2002 CDBG funds for a brownfields initiative. The Department of Commerce will make grants to units of local government to carry out various activities eligible under 24 CFR 507.201-203, in order to facilitate the redevelopment of brownfield properties. The Department will award such grants on a competitive basis. The Department's Community Development Division will coordinate this initiative.

E. The Quick Response Fund: \$0

The Quick Response Fund will be available to eligible applicants on a continuing basis. These activities must be eligible for funding under the "urgent need" national objective of the Federal Act and requirements of 24 CFR 570.208 and 24 CFR 570.483 of applicable HUD regulations.

The Quick Response Fund program will be available to eligible applicants to meet an imminent threat to the health and safety of local populations. The grants may be funded as made available through Focus Fund or reversions when not budgeted from the annual allocation. Special selection factors include need, proof of recent threat of a catastrophic nature, statement of declared emergency and inability to fund through other means. Projects will be developed with the assistance of the Community Development Division as a particular need arises. To be eligible, these projects and their activities must meet the "urgent need" national objective of Section 104(b)(3) of the Federal Act. Generally, projects funded are those, which need immediate attention and are, therefore, inappropriate for consideration under the Community Focus Fund. The types of projects, which typically receive funding, are municipal water systems (where the supply of potable water has been threatened by severe weather conditions) and assistance with demolition or cleanup after a major fire, flood, or other natural disaster. Although all projects will be required to meet the "urgent need" national objective, the Department of Commerce may choose to actually fund the project under one of the other two national objectives, if it deems it expedient to do so. Applicants must adequately document that other financial resources are not available to meet such needs pursuant to Section 104(b)(3) of the Federal Act and 24 CFR 570.483 of HUD regulations.

Only that portion of a project, which addresses an immediate need, should be addressed. This is particularly true of municipal water or sewer system projects, which tend to need major reinvestment in existing plants or facilities, in addition to the correction of the immediate need. The amount of grant award is determined by the individual circumstances surrounding the request for emergency funds. A community may be required to provide a match through cash, debt or provision of employee labor.

The Quick Response Fund will also be available to eligible activities, which meet the "benefit to low and moderate income" or "prevention and elimination of slums and blight" goals of the Federal Act. The community must demonstrate that the situation requires immediate attention (i.e., that participation in CFF program would not be a feasible funding alternative or poses an immediate or imminent threat to the health or welfare of the community) and that the situation is not the result of negligence on the part of the community. Communities must be able to demonstrate that reasonable efforts have been made to provide or obtain financing from other resources and that such efforts were unsuccessful, unwieldy or inadequate. Alternatively, communities must be able to demonstrate that an opportunity to complete a project of significant importance to the community would be lost if required to adhere to the timetables of competitive programs.

F. Technical Assistance: \$378,790

Pursuant to the federal Housing and Community Development Act (Federal Act), specifically Section 106(d)(5), the State of Indiana is authorized to set aside up to one percent (1%) of its total allocation for technical assistance activities. The amount set aside for such Technical Assistance in the State's FY 2002 Consolidated Plan Update is \$378,790, which constitutes one-percent (1%) of the State's FY 2002 CDBG allocation of \$37,879,000. The State of Indiana reserves the right to set aside up to one percent (1%) of open prior-year funding amounts for the costs of providing technical assistance on an as-needed basis.

The amount set aside for the Technical Assistance Program will not be considered a planning cost as defined under Section 105(a)(12) of the Federal Act or an administrative cost as defined under Section 105(a)(13) of the Federal Act. Accordingly, such amounts set aside for Technical Assistance will not require matching funds by the State of Indiana. The Department reserves the right to transfer a portion or all of the funding set aside for Technical Assistance to another program hereunder as deemed appropriate by the Department of Commerce, in accordance with the "Program Amendments" provisions of this document. The Technical Assistance Program is designed to provide, through direct Department of Commerce staff resources or by contract, training and technical assistance to units of general local government, nonprofit and for-profit entities relative to community and economic development initiatives, activities and associated project management requirements.

1. Distribution of the Technical Assistance Program Setaside: Pursuant to HUD regulations and policy memoranda, the Department of Commerce may use alternative methodologies for delivering technical assistance to units of local government and nonprofits to carry out eligible activities, to include:

- a. Provide the technical assistance directly with Department of Commerce or other State staff;
- b. Hire a contractor to provide assistance;
- c. Use subrecipients such as Regional Planning Organizations as providers or securers of the assistance;
- d. Directly allocate the funds to non-profits and units of general local governments to secure/contract for technical assistance.
- e. Pay for tuition, training, and/or travel fees for specific trainees from units of general local governments and nonprofits;
- f. Transfer funds to another state agency for the provision of technical assistance; and,
- g. Contracts with state-funded institutions of higher education to provide the assistance.

2. Ineligible Uses of the Technical Assistance Program Setaside: The 1% setaside may not be used by the Department of Commerce for the following activities:

- a. Local administrative expenses not related to community development;
- b. Any activity that can not be documented as meeting a technical assistance need;
- c. General administrative activities of the State not relating to technical assistance, such as monitoring state grantees, rating and ranking State applications for CDBG assistance, and drawing funds from the Department of Commerce; or,
- d. Activities that are meant to train State staff to perform state administrative functions, rather than to train units of general local governments and non-profits.

G. Planning Fund: \$ 1,600,000

The State (Department of Commerce) will set aside \$1,600,000 of its FY 2002 CDBG funds for planning-only activities, which are of a project-specific nature. The Department of Commerce will make planning-only grants to units of local government to carry out planning activities eligible under 24 CFR 570.205 of applicable HUD regulations. The Department will award such grants on a competitive basis and grant the Department's Community Development Division will review applications monthly. The Department will give priority to project-specific applications having planning activities designed to assist the applicable unit of local government in meeting its community development needs by reviewing all possible sources of funding, not simply the Department's Community Focus Fund or Community Economic Development Fund.

CDBG-funded planning costs will exclude final engineering and design costs related to a specific activity which are eligible activities/costs under 24 CFR 570.201-204.

G. Administrative Funds Setaside: \$ 857,580

The State (Department of Commerce) will set aside \$857,580 of its FY 2002 CDBG funds for payment of costs associated with administering its State Community Development Block Grant (CDBG) Program (CFDA Number 14.228). This amount (\$857,580) constitutes two-percent (2%) of the State's FY 2002 CDBG allocation (\$757,580), plus an amount of \$100,000 ($\$37,879,000 \times 0.02 = \$757,000 + \$100,000 = \$857,580$). The amount

constituted by the 2% setaside (\$757,580) is subject to the \$1-for-\$1 matching requirement of HUD regulations. The \$100,000 supplement is not subject to state match. These funds will be used by the Department of Commerce for expenses associated with administering its State CDBG Program, including direct personal services and fringe benefits of applicable Department of Commerce staff, as well as direct and indirect expenses incurred in the proper administration of the state's program and monitoring activities respective to CDBG grants awarded to units of local government (i.e. telephone, travel, services contractual, etc.). These administrative funds will also be used to pay for contractors hired to assist the Department of Commerce in its consolidated planning activities.

PRIOR YEARS' METHODS OF DISTRIBUTION

This Consolidated Plan, statement of Method of Distribution is intended to amend all prior Consolidated Plans for grant years where funds are still available to reflect the new program designs. The Methods of Distribution described in this document will be in effect commencing on June 1, 2002, and ending May 31, 2002, unless subsequently amended, for all FY 2002 CDBG funds as well as remaining residual balances of previous years' funding allocations, as may be amended from time to time subject to the provisions governing "Program Amendments" herein. The existing and amended program budgets for each year are outlined below (administrative fund allocations have not changed and are not shown below). Adjustments in the actual dollars may occur as additional reversions become available.

At this time there are only nominal funds available for reprogramming for prior years' funds. If such funds should become available, they will be placed in the CFF Fund. This will include reversions from settlement of completed grantee projects., there are no fund changes anticipated. For prior years' allocations there are no fund changes anticipated. Non-expended funds, which revert from the financial settlement of projects funded from other programs, will be placed in the Community Focus Fund (CFF).

PROGRAM APPLICATION

The Community Economic Development Fund Program (CEDF), Quick Response Program (QR), and Planning Fund/Program (PL) will be conducted through a single-stage, continuous application process throughout the program year. The application process for the Community Focus Fund (CFF) will be divided into two stages. Eligible applicants will first submit a short program proposal for such grants. Proposers with projects eligible under the Federal Act will be invited to submit a full application. For each program, the full application will be reviewed and evaluated. The IDOC's Community Development Division and Development Finance Division, as applicable, will provide technical assistance to the communities in the development of proposals and full applications.

An eligible applicant may submit only one Community Focus Fund (CFF) application per cycle. Additional applications may be submitted under the other state programs. The Department of Commerce reserves the right to negotiate Planning-Only grants with CFF applicants for applications lacking a credible readiness to proceed on the project or having other planning needs to support a CFF project.

OTHER REQUIREMENTS

While administrative responsibility for the Small Cities CDBG program has been assumed by the State of Indiana, the State is still bound by the statutory requirements of the applicable legislation passed by Congress, as well as federal regulations promulgated by the U. S. Department of Housing and Urban Development (HUD) respective to the State's CDBG program as codified under Title 24, Code of the Federal Register. HUD has passed on these responsibilities and requirements to the State and the State is required to provide adequate evidence to HUD that it is carrying out its legal responsibilities under these statutes.

As a result of the Federal Act, applicants who receive funds through the Indiana Department of Commerce selection process will be required to maintain a plan for minimizing displacement of persons as a result of activities assisted with CDBG funds and to assist persons actually displaced as a result of such activities. Applicants are required to

provide reasonable benefits to any person involuntarily and permanently displaced as a result of the use of assistance under this program to acquire or substantially rehabilitate property. The State has adopted standards for determining reasonable relocation benefits in accordance with HUD regulations.

CDBG “Program Income” may be generated as a result of grant implementation. The State of Indiana may enter into an agreement with the grantee in which program income is retained by the grantee for eligible activities. Federal guidelines require that program income be spent prior to requesting additional draw downs. Expenditure of such funds requires prior approval from the Department of Commerce (IDOC). The State (Department of Commerce) will follow HUD regulations set forth under 24 CFR 570.489(e) respective to the definition and expenditure of CDBG Program Income.

All statutory requirements will become the responsibility of the recipient as part of the terms and conditions of grant award. Assurances relative to specific statutory requirements will be required as part of the application package and funding agreement. Grant recipients will be required to secure and retain certain information, provide reports and document actions as a condition to receiving funds from the program. Grant management techniques and program requirements are explained in the IDOC’s CDBG Grantee Implementation Manual, which is provided to each grant recipient.

Revisions to the Federal Act have mandated additional citizen participation requirements for the State and its grantees. The State has adopted a written Citizen Participation Plan, which is available for interested citizens to review. Applicants must certify to the State that they are following a detailed Citizen Participation Plan which meets Title I requirements. Technical assistance will be provided by the Department of Commerce to assist program applicants in meeting citizen participation requirements.

The State has required each applicant for CDBG funds to certify that it has identified its housing and community development needs, including those of low and moderate income persons and the activities to be undertaken to meet those needs.

INDIANA DEPARTMENT OF COMMERCE (IDOC)

The Indiana Department of Commerce intends to provide the maximum technical assistance possible for all of the programs to be funded from the CDBG program. Lieutenant Governor Joseph E. Kernan heads the Department of Commerce. Principal responsibility within the IDOC for the CDBG program is vested in the Executive Director, Thomas F. McKenna. The Deputy Executive Director of the Department of Commerce (Charles R. Martindale) has the responsibility of administering compliance activities respective to CDBG grants awarded to units of local government by the IDOC’s Development Finance and Community Development Divisions.

Primary responsibility for providing “outreach” and technical assistance for the Community Focus Fund and Planning Fund process resides with the Community Development Division. Primary responsibility for providing “outreach” and technical assistance for the Community Economic Development Program and award process resides with the Development Finance Division. Primary responsibility for providing “outreach” and technical assistance for the Housing award process resides with the Indiana Housing Finance Authority who will act as the administrative agent on behalf of the Indiana Department of Commerce.

The Controller’s Office will also provide internal fiscal support services for program activities. The Grants Management Section of the Controller’s Office has overall responsibilities for CDBG program management, compliance and financial monitoring of all CDBG programs. The Indiana State Board of Accounts pursuant to the federal Office of Management and Budget Circular A-133 will conduct audits. Potential applicants should contact the Department of Commerce with any questions or inquiries they may have concerning these or any other programs operated by the Department.

Information regarding the past use of CDBG funds is available at the:

**Indiana Department of Commerce
Community Development Division
One North Capitol, Suite 700
Indianapolis, Indiana 46204-2288
Attention: Charles Martindale, Deputy Executive Director
Telephone: (317) 232-8801
FAX: (317) 233-6503**

DEFINITIONS

Low and moderate income - is defined as 80% of the median family income (adjusted by size) for each county. For a county applicant, this is defined as 80% of the median income for the state. The income limits shall be as defined by the U. S. Department of Housing and Urban Development Section 8 Income Guidelines for “low income families.” Certain persons are considered to be “presumptively” low and moderate income persons as set forth under 24 CFR 570.208(a)(2); inquiries as to such presumptive categories should be directed to the IDOC’s Grants Management Office, Attention: Ms. Kelly Boe at (317) 232-8831.

Matching funds - local public or private sector in-kind services, cash or debt allocated to the CDBG project. The **minimum** level of local matching funds for Community Focus Fund (CFF) projects is ten-percent (10%) of the **total estimated project costs**. This percentage is computed by adding the proposed CFF grant amount and the local matching funds amount, and dividing the local matching funds amount by the total sum of the two amounts. The 2002 definition of match has been adjusted to include a maximum of 5% pre-approved and validated in-kind contributions. The balance of the ten (10) percent must be in the form of either cash or debt. Any in-kind over and above the specified 5% may be designated as local effort. Funds provided to applicants by the State of Indiana such as the Build Indiana Fund are not eligible for use as matching funds.

Private investment resulting from CDBG projects does not constitute local match for all IDOC-CDBG programs except the Community Economic Development Fund (CEDF); such investment will, however, be evaluated as part of the project’s impact, and should be documented. The Development Finance Division reserves the right to determine sources of matching funds for CEDF projects.

Proposal (synonymous with “pre-application) - A document submitted by a community which briefly outlines the proposed project, the principal parties, and the project budget and how the proposed project will meet a goal of the Federal Act. If acceptable, the community may be invited to submit a full application.

Reversions - Funds placed under contract with a community but not expended for the granted purpose because expenses were less than anticipated and/or the project was amended or canceled and such funds were returned to the Department of Commerce upon financial settlement of the project.

Slums or Blight - an area/parcel which: (1) meets a definition of a slum, blighted, deteriorated, or deteriorating area under state or local law (Title 36-7-1-3 of Indiana Code); and (2) meets the requirements for “area basis” slum or blighted conditions pursuant to 24 CFR 570.208(b)(1) and 24 CFR 570.483(c)(1), or “spot basis” blighted conditions pursuant to 24 CFR 570.208(b)(2) and 24 CFR 570.483(c)(2).

Urgent Need - is defined as a serious and immediate threat to health and welfare of the community. The Chief Elected Official must certify that an emergency condition exists and requires immediate resolution and that alternative sources of financing are not available. An application for CDBG funding under the “urgent need” CDBG national objective must adhere to all requirements for same set forth under 24 CFR 570.208(c) and 24 CFR 570.483(d).

DISPLACEMENT PLAN

1. The State shall fund only those applications, which present projects and activities, which will result in the displacement of as few persons or businesses as necessary to meet the goals and objectives of the state and local CDBG-assisted program.
2. The State will use this criterion as one of the guidelines for project selection and funding.
3. The State will require all funded communities to certify that the funded project is minimizing displacement.
4. The State will require all funded communities to maintain a local plan for minimizing displacement of persons or businesses as a result of CDBG funded activities, pursuant to the federal Uniform Relocation and Acquisitions Policies Act of 1970, as amended.
5. The State will require that all CDBG funded communities provide assistance to all persons displaced as a result of CDBG funded activities.
6. The State will require each funded community to provide reasonable benefits to any person involuntarily and permanently displaced as a result of the CDBG funded program.

GENERAL SELECTION CRITERIA

The Department of Commerce (IDOC) will consider the following general criteria when evaluating a project proposal. Although projects will be reviewed for this information at the proposal stage, no project will be eliminated from consideration if the criteria are not met. Instead, the community will be alerted to the problem(s) identified. Communities must have corrected any identified deficiencies by the time of application submission for that project to be considered for funding.

A. General Criteria (all programs - see exception for program income and housing projects through the IHFA in 6 below):

1. The applicant must be a legally constituted general purpose unit of local government and eligible to apply for the state program.
2. The applicant must possess the legal capacity to carry out the proposed program.
3. If the applicant has previously received funds under CDBG, they must have successfully carried out the program. An applicant must not have any overdue closeout reports, State Board of Accounts OMB A-133 audit or IDOC monitoring finding resolutions (where the community is responsible for resolution.) Any determination of “overdue” is solely at the discretion of the Indiana Department of Commerce.
4. An applicant must not have any overdue CDBG semi-annual Grantee Performance Reports, subrecipient reports or other reporting requirements of the IDOC. Any determination of “overdue” is solely at the discretion of the Indiana Department of Commerce.
5. The applicant must clearly show the manner in which the proposed project will meet one of the three national CDBG objectives and meet the criteria set forth under 24 CFR 570.483.
6. The applicant must show that the proposed project is an eligible activity under the Act.
7. The applicant must first encumber/expend all CDBG program income receipts before applying for additional grant funds from the Department of Commerce; EXCEPTION - this general criteria will not apply to applications made directly to the Indiana Housing Finance Authority (IHFA) for CDBG-funded housing projects.

B. Community Focus Fund (CFF) and Planning Fund (PL):

1. To be eligible to apply at the time of application submission, an applicant must not have any:
 - a. Overdue grant reports, subrecipient reports or project closeout documents; or
 - b. More than one open or pending CDBG-CFF grant or CDBG-Planning grant (Indiana cities and incorporated towns).
 - c. For those applicants with one open CFF, a “Notice of Release of Funds and Authorization to Incur Costs” must have been issued for the construction activities under the open CFF contract, and a contract for construction of the principal (largest funding amount) construction line item (activity) must have been executed prior to the deadline established by IDOC for receipt of applications for CFF funding.
 - d. For those applicants who have open Planning Fund grants, the community must have final plan approved by the Community Development Division prior to submission of a CFF application for the project.

- f. An Indiana county may have two (2) open CFF's and/or Planning Grants and apply for a third CFF or Planning Grant. A county may have only three (3) open CFF's or Planning Grants. Both CFF contracts must have an executed construction contract by the application due date.
2. The cost/beneficiary ratio for CFF funds will be maintained at a reasonable rate, except for daycare and housing-related projects where that ratio will not exceed \$10,000. Housing-related projects are to be submitted directly to the Indiana Housing Finance Authority (IHFA) under its programs, except for projects entailing construction of infrastructure (to be publicly dedicated right-of-way) in support of housing-related projects. Projects for infrastructure in support of housing needs may be submitted to the IDOC for CFF funding.
3. At least 10% leveraging (as measured against the CDBG project, see definitions) must be proposed. The Indiana Department of Commerce may rule on the suitability and eligibility of such leveraging.
4. The applicant may only submit one proposal or application per round. Counties may submit either for their own project or an "on-behalf-of" application for projects of other eligible applicants within the county. However, no application will be invited from a county where the purpose is clearly to circumvent the "one application per round" requirement for other eligible applicants.
5. The application must be complete and submitted by the announced deadline.
6. For area basis projects, applicants must provide convincing evidence that circumstances in the community have so changed that a survey conducted in accordance with HUD survey standards is likely to show that 51% of the beneficiaries will be of low-and-moderate income. This determination is not applicable to specifically targeted projects.

C. Housing Programs: Refer to Method of Distribution for Indiana Housing Finance Authority within this FY 2002 Consolidated Plan Update

D. Quick Response Program:

Applicants for the Quick Response Program funds must meet the General Criteria set forth in Section A above, plus the specific program income requirements set forth in the "Method of Distribution" section of this document.

E. Community Economic Development Program/Fund (CEDF):

Applicants for the Community Economic Development Fund assistance must meet the General Criteria set forth in Section A above, plus the specific program requirements set forth in the "Method of Distribution" section of this document.

GRANT EVALUATION CRITERIA – 1,000 POINTS TOTAL

Economic and Demographic Characteristics (450 points):

National Objective Score (200 points):

Depending on the National Objective to be met by the project, one of the following two mechanisms will be used to calculate the score for this category.

1. National Objective = Benefit to Low- and Moderate-Income Persons: 200 points maximum awarded according to the percentage of low- and moderate-income individuals to be served by the project. The total points given are computed as follows:

National Objective Score = % Low/Mod Beneficiaries X 2.5

The point total is capped at 200 points or 80% low/moderate beneficiaries, i.e., a project with 80% or greater low/moderate beneficiaries will receive 200 points. Below 80% benefit to low/moderate-income persons, the formula calculation will apply.

National Objective = Prevention or Elimination of Slums or Blight: 200 points maximum awarded based on the characteristics listed below. The total points given are computed as follows:

National Objective Score = (Total of the points received in each category below) X 2.5

___ Slum/Blight Area or Spot designated by resolution of the local unit of government (50 pts.)

___ Community is an Indiana Main Street Senior Partner or Partner, and the project relates to downtown revitalization (5 pts.)

___ The project is located in an Indiana Urban Enterprise Zone (5 pts.)

___ The project site is a brownfield* (5 pts.)

___ The project is located in a designated redevelopment area under IC 36-7-14 (5 pts.)

___ The building or district is listed on the Indiana or National Register of Historic Places (10 pts.)

___ The building or district is eligible for listing on the Indiana or National Register of Historic Places (5 pts.)

___ The building is on the Historic Landmarks Foundation of Indiana's "10 Most Endangered List" (10 pts.)

* The State of Indiana defines a brownfield as an industrial or commercial property that is abandoned, inactive, or underutilized, on which expansion or redevelopment is complicated due to actual or perceived environmental contamination.

Community Distress Factors (250 Points): the community distress factors used to measure the economic conditions of the applicant community are listed below. Each is described with an explanation and an example of how the points are determined. Each factor can receive a maximum of 50 points with the total distress point calculation having a maximum of 250 points. The formula calculation for each measure is constructed as a percentage calculation along a scale range. The resulting percentage is then translated into a point total on a fifty point scale for each measure.

- a. **Unemployment Rate (50 points maximum):** Unemployment rate for the county of the lead applicant. The average rate for the previous 12 months is used.
 - a. If the unemployment rate is 10% or higher, 50 points are awarded.
 - b. If the unemployment rate is 2% or below, 0 points are awarded.
 - c. Between those values, the points are calculated by taking the unemployment rate, subtracting 2%, dividing by 8% and multiplying by 50, where 2% is the bottom point of the scale and 8% is the range of the scale.

$$\text{Unemployment Rate Points} = [(\text{Unemployment rate} - 2\%) / 8\%] \times 50$$

For example, if the unemployment rate is 5%, take unemployment rate of 5%, subtract 2%, divide by 8%, and multiply by 50. The score would be 18.75 point of a possible 50; $((5-2)/8 \times 50 = 18.75)$

- b. **Net Assessed Value/capita (50 points maximum):** Net assessed value per capita for lead applicant. (Note: The following calculations will be changed as appropriate when the State adjusts the Net Assessed Value.)

To determine the net assessed value per capita, take the appropriate net assessed value and divide by the total 2000 population (from census data) of the lead applicant;

$$\text{NAV/capita} = \text{NAV} / \text{Total Population}$$

- c. If the net assessed value/capita for the lead applicant is above \$10,000, 0 points are awarded.
- d. If the net assessed value/capita for the lead applicant is \$3,000 or under, 50 points are awarded.

- e. Between those values, the points are calculated by subtracting the NAV/capita from \$10,000, dividing by \$7000 and multiplying by 50, where \$10,000 is the top of the scale and \$7000 is the range of the scale.

$$\text{NAV/capita points} = [(\$10,000 - \text{NAV/capita})/\$7000] \times 50$$

For example, if the Net Assessed Value/capita is \$4,000, take \$10,000, subtract the NAV/capita of \$4,000, divide by \$7,000, and multiply by 50. The score would be 42.86 points of a possible 50 points; $((10,000 - 4,000)/7000) \times 50 = 42.86$.

- f. **Median Housing Value (50 points maximum):** Median Housing Value for lead applicant.

$$\text{Median Housing Value Points} = [(\$75,000 - \text{median housing value})/\$50,000] \times 50$$

- g. If the median housing value for the lead applicant is \$75,000 or higher, no points are awarded.

- h. If the median housing value for the lead applicant is \$25,000 or lower, 50 points are applicable.

For example, if the median housing value is \$35,000, take \$75,000, subtract the median housing value of \$35,000, divide by \$50,000, and multiply by 50. The score would be 40 points out of a total possible of 50; $((75,000 - 35,000)/50,000) \times 50 = 40$.

- i. **Median Household Income (50 points maximum):**

$$\text{Median Household Income Points} = [(\$50,000 - \text{median household income})/\$25,000] \times 50$$

- j. If the median household income is \$50,000 or higher, no points are awarded.

- k. If the median household income is \$25,000 or lower, 50 points are awarded.

- l. Between those values, the points are calculated by subtracting the median household income from \$50,000, dividing by \$25,000 and multiplying by 50, where \$50,000 is the top of the scale and \$25,000 is the range of the scale.

For example, if the Median Household Income is \$32,500, take \$50,000, subtract the median household income of \$32,500, divide by \$25,000, and multiply by 50. The score would be 35 points out of a possible 50; $((50,000 - 32,500)/25,000) \times 50 = 35$.

- m. **Percentage Population Change (50 points maximum):** Percentage population change (1990-2000).

The percentage change is computed by subtracting the 1990 population from the 2000 population and dividing by the 1990 population. Convert this decimal to a percentage by multiplying by 100.

Percentage Population Change = [(2000 population - 1990 population)/1990 population] X 100

- a. If the population increased by 15% or greater, 0 points are awarded.
- b. If the population decreased by 10% or greater, 50 points are awarded.
- c. Between those values, the points are calculated by subtracting the Percent Population Change from 15%, dividing by 25%, and multiplying by 50, where 15% is the top of the scale and 25% is the range of the scale.

Percentage Population Change points = [(15% - Percentage Population Change)/25%] X 50

For example, if the population increased by 3%, take 15%, subtract 3%, divide by 25%, and multiply by 50. The score would be 24 points out of a total possible of 50; $(15-3)/25 \times 50 = 24$.

Local Match Contribution (100 points):

Up to 100 points possible based on the percentage of local funds devoted to the project. This total is determined as follows:

Total Match Points = % Eligible Local Match X 2

Eligible local match can be local cash or debt. Government grants, including Build Indiana Funds, are not considered eligible match. In-kind sources may provide eligible local match for the project, but the amount that can be counted as local match is limited to 5% of the total project budget, up to a maximum of \$25,000. Use of in-kind donations as eligible match is subject to prior approval from the Indiana Department of Commerce, Community Development Division.

Project Design Factors (450 points):

450 points maximum awarded according to the evaluation in three areas:

Project Need - why does the community need this project?

Financial Impact - why is grant assistance necessary to complete this project?

Local Effort - what has/is the community doing to move this project forward?

The project can receive a total of 150 points in each category. The project design points are awarded in 25-point increments. The points in these categories are awarded by the IDOC review team when evaluating the projects. Applicants should work with their IDOC field representative to identify ways to increase their project's scores in these areas.

CITIZEN PARTICIPATION PLAN INDIANA DEPARTMENT OF COMMERCE (STATE)

The State of Indiana, Department of Commerce, pursuant to 24 CFR 91.115, 24 CFR 570.431 and 24 CFR 570.485(a) wishes to encourage maximum feasible opportunities for citizens and units of general local government to provide input and comments as to its Methods of Distribution set forth in the Department's annual Consolidated Plan for CDBG funds submitted to HUD as well as the Department's overall administration of the State's Small Cities Community Development Block Grant (CDBG) Program. In this regard, the Department of Commerce will perform the following:

1. Require each unit of general local government to comply with citizen participation requirements for such governmental units as specified under 24 CFR 570.486(a), to include the requirements for accessibility to information/records and to furnish citizens with information as to proposed CDBG funding assistance as set forth under 24 CFR 570.486(a)(3), provide technical assistance to representatives of low-and-moderate income groups, conduct a minimum of two (2) public hearings on proposed projects to be assisted by CDBG funding, such hearings being accessible to handicapped persons, provide citizens with reasonable advance notice and the opportunity to comment on proposed projects as set forth in Title 5-3-1 of Indiana Code, and provide interested parties with addresses, telephone numbers and times for submitting grievances and complaints.
2. Consult with local elected officials and the Department's Grant Administrator Networking Group in the development of the Method of distribution set forth in the State's Consolidated Plan for CDBG funding submitted to HUD.
3. Publish a proposed or "draft" Consolidated Plan and afford citizens, units of general local government, and the CDBG Policy Advisory committee the opportunity to comment thereon;
4. Furnish citizens and units of general local government with information concerning the amount of CDBG funds available for proposed community development and housing activities and the range/amount of funding to be used for these activities;
5. Hold one (1) or more public hearings respective to the State's proposed/draft Consolidated Plan, on amendments thereto, duly advertised in newspapers of general circulation in major population areas statewide pursuant to I.C. 5-3-1-2 (B), to obtain the views of citizens on proposed community development and housing needs. The Consolidated Plan Committee published the enclosed legal advertisement to twelve (12) regional newspapers of general circulation statewide respective to the public hearings (April 23 and April 24, 2002) held on the 2002 Consolidated Plan Update. In addition, this notice was distributed by mail to over 3,000 local officials, non-profit entities, and interested parties statewide in an effort to maximize citizen participation in the FY 2002 consolidated planning process:

**The Republic, Columbus, IN
Indianapolis Star, Indianapolis, IN
The Journal-Gazette, Fort Wayne, IN
The Chronicle-Tribune, Marion, IN
The Courier Journal, Louisville, KY
Gary Post Tribune, Gary, IN
Tribune Star, Terre Haute, IN**

**Journal & Courier, Lafayette, IN
Evansville Courier, Evansville, IN
South Bend Tribune, South Bend, IN
Palladium-Item, Richmond, IN
The Times, Munster, IN**

6. Provide citizens and units of general local government with reasonable and timely access to records regarding the past and proposed use of CDBG funds,
7. Make the Consolidated Plan available to the public at the time it is submitted to HUD, and;
8. Follow the process and procedures outlined in items 2 through 7 above with respect to any amendments to a given annual CDBG Consolidated Plan and/or submission of the Consolidated Plan to HUD.

In addition, the State also will solicit comments from citizens and units of general local government on its CDBG Performance Review submitted annually to the U.S. Department of Housing and Urban Developments (HUD). Prior to its submission of the Review to HUD, the State will advertise regionally statewide (pursuant to I.C. 5-3-1) in newspapers of general circulation soliciting comments on the Performance and Evaluation Report.

The State will respond within thirty (30) days to inquiries and complaints received from citizens and, as appropriate, prepare written responses to comments, inquiries or complaints received from such citizens.

**NOTICE OF PUBLIC HEARING
FY 2002 CONSOLIDATED PLAN FOR FUNDING**

**INDIANA DEPARTMENT OF COMMERCE
INDIANA HOUSING FINANCE AUTHORITY
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA DEPARTMENT OF HEALTH**

Pursuant to 24 CFR Part 91.115(a)(2), the State of Indiana wishes to encourage citizens to participate in the development of the State of Indiana Consolidated Plan for 2002. In accordance with this regulation, the State is providing the opportunity for citizens to comment on the 2002 Consolidated Plan Update draft report, which will be submitted to the US Department of Housing and Urban Development (HUD) on or before May 15, 2002. The Consolidated Plan defines the funding sources for the State of Indiana's four (4) major HUD-funded programs and provides communities a framework for defining comprehensive development planning. The FY 2002 Consolidated Plan will set forth the method of distribution of funding for the following state agencies and HUD-funded programs:

**Indiana Department of Commerce - State Community Development Block Grant (CDBG) Program
Indiana Housing Finance Authority - Home Investment Partnership Program
Indiana Housing Finance Authority - Housing Opportunities for Persons With Aids Program
Indiana Family and Social Services Administration - Emergency Shelter Grant Program**

These public hearings will be conducted as follows:

**April 8, 2002 – Noblesville Council Chamber
Noblesville City Hall
16 South 10th Street
Noblesville, IN 46060**

**April 9, 2002 – Columbus City Hall
123 Washington Street
Columbus, IN 47201**

If you are unable to attend the public hearings, written comments are invited through April 30, 2002, at the following address:

**Grants Management Office
Indiana Department of Commerce
One North Capitol - Suite 700
Indianapolis, IN 46204-2288**

Please direct all questions to the Grants Management Office of the Department of Commerce at its toll free telephone number (800-246-7064) during normal business hours.

HOME Allocation Plan



Program Descriptions and Allocation Plan

Program Year 2002

**Community Development Block Grant (CDBG)
HOME Investment Partnerships Program (HOME)**

Methods of Distribution

The Indiana Housing Finance Authority (IHFA) allocates CDBG and HOME funds through the programs shown below. Each program area has unique criteria upon which funding decisions are based. For full program information, please refer to IHFA's full application packages and/or program guides.

PROGRAM NAME	FUNDING SOURCE	TIMING OF FUNDING
Foundations	CDBG and HOME	3 annual competitive funding cycles
CHDO Works	HOME	3 annual competitive funding cycles
Housing from Shelters to Homeownership	CDBG and HOME	CDBG – 2-3 annual competitive funding cycles HOME - 3 annual competitive funding cycles
Rental Housing Tax Credits (RHTC)/HOME	HOME	1-2 annual funding cycles
HOME Administrative Subrecipients	HOME	2-3 annual funding cycles
First Home/Plus	HOME	Continuous throughout the year
First Home/One Down	HOME	Continuous throughout the year
First Home 100	HOME	Continuous throughout the year
HomeChoice	HOME	Continuous throughout the year in Bartholomew, Knox, and Marion Counties

Foundations

The most successful housing programs are those that grow out of careful planning and assessment of the needs of a particular community. For this reason, IHFA provides funds to finance planning activities related to the development of affordable housing through the Foundations program.

Eligible Applicants / Eligible Activities

Housing needs assessments are used to gather data, prepare housing related community plans, and identify actions that need to be taken in order to create, develop, or preserve affordable housing. These studies are broad in nature and not specific to a particular site or activity. This activity is funded through CDBG. Only non-entitlement local units of government are eligible to apply for up to \$50,000 for this activity.

Feasibility studies are more specific to a particular site or housing activity and are similar to a market study. Through these studies, applicants can, among other things, identify a site for a particular housing activity, develop a preliminary estimate of costs, or identify whether or not there is adequate demand for a particular type of affordable housing. This activity is also funded through CDBG. Only non-entitlement local units of government are eligible to apply for up to \$30,000 for this activity.

Predevelopment loans are similar to feasibility studies except that State-certified Community Housing Development Organizations (CHDOs) are allowed to go even further into the planning process, to the point of obtaining an option to purchase the site or developing preliminary architectural plans.

Seed money loans can be used by CHDOs to pay for such things as final architectural and engineering plans, loan reservation fees, or building permit fees. Once a housing activity is deemed feasible and site control is obtained, a CHDO can apply for a seed money loan.

The CHDO must pay back either loan if the housing activity goes forward. The CHDO can borrow up to \$30,000 of HOME funds for a term of 24 months at a zero percent interest rate. If the housing activity is deemed infeasible or unable to go forward, the applicant may request that the loan be forgiven.

Scoring Criteria

If an application satisfies all applicable requirements, it will be evaluated and scored based on criteria in the following categories: Constituency Served; Project Design; Organizational Capacity; Readiness to Proceed; Market; and Minority or Women Business Enterprise Participation. Applicants can receive up to 100 total possible points. No award shall be made to any application that scores below a total of 50 points.

Notwithstanding the point ranking system set forth above, IHFA, through its Board of Directors, reserves the right and shall have the power to allocate funds irrespective of its point ranking, if such intended allocation is: (1) in compliance with the applicable federal regulations; (2) in furtherance of the overall goals of the Authority; and (3) determined by the Board to be in the interests of the citizens of the State of Indiana.

CHDO Works

Eligible Applicants

Eligible applicants are not-for-profit organizations that have successfully obtained certification from IHFA as a Community Housing Development Organization (CHDO), are in good standing with IHFA, and serve non-participating jurisdiction areas (unless they will be developing transitional housing).^{*} Organizations that have not yet received CHDO certification (or whose certification is pending) are not eligible for operating funds.

^{*}Participating Jurisdiction areas include:

Anderson	Gary	Muncie
Bloomington	Hammond	St. Joseph County Consortium
East Chicago	Indianapolis	Terre Haute
Evansville	Lake County	Tippecanoe County Consortium
Fort Wayne		

Eligible Activities

Eligible activities are those directly related to promoting the agency's ability to develop, sponsor, and/or own HOME CHDO-eligible affordable housing, such as homebuyer, rental, and transitional housing. Any applicant who successfully competes for operating funds is required to implement direct HOME CHDO-eligible housing activities within twenty-four (24) months from the date that an operating award is made.

According to 24 CFR §92.208, eligible costs include reasonable and necessary costs for the operation of the CHDO. Such costs include, but are not limited to, salaries, wages, and other employee compensation and benefits; employee education, training, and travel; rent; utilities; communication costs; taxes; insurance; equipment, including filing cabinets; materials; supplies; annual financial audit; and costs associated with a strategic long-range plan. Other costs may also be eligible. Applicants are encouraged to consider computer equipment needs, especially hardware and software updates.

Administrative costs associated with implementing the lead based paint regulations are eligible for funding under CHDO Works. These expenses include training staff on the regulations, staff certification for Lead Inspector/Risk Assessor and Lead Construction Supervisor, and special equipment purchases such as protective clothing or XRF machines.

Eligible costs do not include furniture or other office décor.

Scoring Criteria

If an application satisfies all applicable requirements, it will be evaluated and scored based on criteria in the following categories: Organizational Capacity; Community Need; Readiness to Proceed; Training; and Financial Management. Applicants can receive up to 100 total possible points. The minimum scoring threshold for applications will vary as follows:

<u>Number of Previous "CHDO Works" Awards</u>	<u>Threshold</u>
0 awards	50 points
1 award	65 points
2 or more awards	75 points

Any application that falls below its respective threshold will not be recommended for funding.

Notwithstanding the point ranking system set forth above, IHFA, through its Board of Directors, reserves the right and shall have the power to allocate funds irrespective of its point ranking, if such intended allocation is: (1) in compliance with the applicable statutes; (2) in furtherance of promoting affordable housing; and (3) determined by IHFA's Board of Directors to be in the interests of the citizens of the State of Indiana.

Funding Limitations

Applicants may apply for up to \$30,000 in operating assistance. CHDOs may receive no more than one operating grant each year. CHDO Works funding (along with all other HOME-funded CHDO operating expenses) is limited to: (1) 50% of the CHDO's total operating expenses in any one fiscal year, or (2) \$50,000, whichever is greater.

Housing from Shelters to Homeownership

The Housing from Shelters to Homeownership program provides grants and loans to public and private organizations for the rehabilitation or new construction of affordable housing. The types of housing activities that can be funded and the eligible applicants depend on the source of funding. The chart below briefly outlines what activities are eligible for CDBG and HOME and the type of applicant that is eligible to apply for those funds.

<u>Eligible Applicants / Eligible Activities</u>	Local Units of Government (Non-CDBG Entitlement Communities)¹	Local Units of Government (Non-HOME Participating Jurisdictions) & Townships²	Community Housing Development Organization (CHDO)²	501(c)3 or (4) Organizations, Public Housing Authorities, & Joint Ventures
Emergency Shelter Rehabilitation/New Construction	CDBG			
Youth Shelter Rehabilitation/New Construction	CDBG			
Transitional Housing Rehabilitation ³	CDBG	HOME	HOME	HOME
Transitional Housing New Construction ³		HOME	HOME	HOME
Migrant/Seasonal Farm Worker Housing Rehabilitation/New Construction	CDBG			
Rental Rehabilitation	CDBG	HOME	HOME	HOME
Rental Rehabilitation/Refinance		HOME	HOME	HOME
Rental New Construction		HOME	HOME	HOME
Homebuyer Rehabilitation/New Construction		HOME	HOME	HOME
Owner-Occupied Rehabilitation	CDBG	HOME		HOME
Homeownership Counseling/Down Payment Assistance		HOME		HOME

¹ The following entitlement communities are not eligible to apply for CDBG funds. However, non-entitlement applicants may apply for a housing activity located within an entitlement community if the applicant can demonstrate that beneficiaries will come from outside of the entitlement community's boundaries:

Anderson	Evansville	Goshen	Indianapolis	Mishawaka	South Bend
Bloomington	Fort Wayne	Hammond	Lafayette	Muncie	Terre Haute
East Chicago	Gary	Kokomo	Lake County	New Albany	West Lafayette
Elkhart					

² Applications from, or housing activities located within, the following participating jurisdictions are not eligible for HOME funds unless the request is for transitional housing:

Anderson	Gary	St. Joseph County Consortium
Bloomington	Hammond	Terre Haute
East Chicago	Indianapolis	Tippecanoe County Consortium
Evansville	Lake County	
Fort Wayne	Muncie	

³ IHFA will accept applications for HOME-funded transitional housing regardless of the development's location within the state.

Scoring Criteria

Through the scoring criteria listed below, preference is given to housing activities that:

- meet the needs of their specific community
- attempt to reach very low-income levels of 30% of area median income
- are ready to proceed with the housing activity upon receipt of the award
- revitalize existing neighborhoods

If an application satisfies all applicable requirements, it will be evaluated and scored based on criteria in the following categories: Constituency Served; Development Characteristics; Financing; Market; Organizational Capacity; Readiness to Proceed; and Minority and Women Business Enterprise Participation.

No award shall be made to any application that scores below 40 points. Where applicable, the funding agreement and any restrictive covenants recorded with the property will contain restrictions applicable to the points received.

Notwithstanding the point ranking system set forth above, IHFA, through its Board of Directors, reserves the right and shall have the power to allocate funds to a development irrespective of its point ranking, if such intended allocation is: (1) in compliance with applicable statutes; (2) in furtherance of promoting affordable housing; and (3) determined by IHFA's Board of Directors to be in the interests of the citizens of the State of Indiana.

Assistance may be provided in the form of grants or loans; however, funds will be awarded only in amounts appropriate to the scope of the identified need. IHFA reserves the right to determine the exact amount and type of assistance needed for each individual housing activity.

Funding Limitations

In general, eligible applicants can apply for up to \$500,000 in CDBG or \$750,000 in HOME funds through the Housing from Shelters to Homeownership program. Applicants for owner-occupied rehabilitation and homeownership counseling/down payment assistance, though, are limited to a maximum of \$300,000.

The CDBG or HOME applicant's request for funding must not exceed the per unit subsidy limitations listed below:

- \$3,500 per unit in down payment assistance or 10% of the purchase price, whichever is lower, for beneficiaries of homeownership counseling/down payment assistance activities that are at or below 80% of the area median income for that county
- \$7,000 per unit in down payment assistance or 10% of the purchase price, whichever is lower, for beneficiaries of homeownership counseling/down payment assistance activities that are at or below 50% of the area median income for that county
- \$20,000 per bed for emergency shelters, youth shelters, or migrant/seasonal farm worker housing
- \$35,000 per 0 bedroom unit for transitional, rental, homebuyer, or owner-occupied rehabilitation activities
- \$40,000 per 1-2 bedroom unit for transitional, rental, homebuyer, or owner-occupied rehabilitation activities
- \$50,000 per 3 or more bedroom unit for transitional, rental, homebuyer, or owner-occupied rehabilitation activities

Provisions for Rental Rehabilitation/Refinance

- Applicants for rental rehabilitation/refinance must demonstrate that:
 - Refinancing is necessary to maintain current affordable units and/or create additional affordable units.
 - The primary activity is rehabilitation. The applicant must budget a minimum of 51% of the HOME funds for rehabilitation.
 - The development will satisfy a minimum 15-year affordability period.
 - Disinvestment in the property has not occurred.
 - The long term needs of the development can be met.
 - It is feasible to serve the targeted population over the affordability period.
- The amount of funds applied to the refinance budget line item will be made as an amortized loan to the applicant. The applicant should propose an interest rate, term, and amortization period. If the applicant proposes a balloon payment at the end of the term, a commitment letter from a lender willing to pay off the HOME loan at the end of the term must also be enclosed with the application.
- Applicants for rental rehabilitation/refinance cannot use HOME funds to refinance multifamily loans made or insured by any other Federal program, including, but not limited to, FHA, CDBG, or Rural Development.

Rental Housing Tax Credits (RHTC)/HOME

In an effort to streamline the multi-family application process, developers applying for Rental Housing Tax Credits (RHTCs) may simultaneously request funds from the HOME Investment Partnerships Program (HOME). Outside of this process, applications for HOME financing for a RHTC Development will only be considered in accordance with IHFA's Housing from Shelters to Homeownership application criteria and Supplemental HOME Funding Guidelines. Further, a Development that receives an allocation of tax-exempt bond authority will not be eligible to apply for IHFA HOME funding.

Eligible Applicants

The applicant for HOME funds must be the same entity identified as the Development's RHTC applicant. The award of HOME funds will be made as follows:

1. State-Certified Community Housing Development Organization (CHDO) – HOME funds will be granted to CHDOs that meet the "qualified not-for-profit organization" definition as given in the Rental Housing Tax Credit Qualified Allocation Plan for the State of Indiana.
2. Limited Partnership or Limited Liability Corporation – For Developments not involving a qualified CHDO, HOME funds will be loaned to the ownership entity (existing or to be formed).

Form of Assistance

HOME awards to state-certified CHDOs will be in the form of a grant. If the CHDO structures the HOME funds into the Development as a loan, the CHDO will be permitted to retain the repayments of principal and interest for use in other affordable housing developments. The CHDO may use the repayment stream (both principal and interest): (1) to buy the property at the end of the partnership; (2) to pay the exit fees for other partners in the Development at the end of the affordability period; (3) to provide services to the tenants of the particular Development; (4) to exert influence over the conditions of sale of the property; or (5) for the CHDO's other affordable housing activities that benefit low-income families.

Alternatively, for Developments that do not involve an eligible CHDO, IHFA will loan HOME funds to the Limited Partnership or Limited Liability Corporation. Principal and interest will be deferred for a 15-year term. The interest rate will be set at the Applicable Federal Rate as of the RHTC application deadline, and will be compounded annually. At the end of the loan term, a balloon payment of principal and all accrued interest will be due and payable to IHFA. The HOME loan must be fully secured. While it can be subordinated to other financing, there must be sufficient collateral to fully cover the amount of the loan.

Eligible Activities

HOME funds are available statewide for the development of transitional housing. Otherwise, applications for Developments located within the following participating jurisdictions are not eligible for HOME funds.

Anderson
Bloomington
East Chicago
Evansville

Gary
Hammond
Indianapolis
Lake County

St. Joseph County Consortium
Terre Haute
Tippecanoe County Consortium

HOME funds may be used for acquisition, construction or rehabilitation hard costs, and testing for lead hazards for HOME-assisted units. HOME funds may not be used toward the refinancing of existing permanent debt.

HOME funds may assist rental or transitional housing. These units can be in the form of traditional apartments or single-room-occupancy units (SROs). SRO housing consists of single room dwelling units that are the primary residence of the occupant(s). If the Development consists of conversion of non-residential space or reconstruction, SRO units must contain either kitchen or bathroom facilities (they may contain both). For Developments involving acquisition or rehabilitation of an existing residential structure, neither kitchen nor bathroom facilities are required to be in the unit. However, if individual units do not contain bathroom facilities, the building must contain bathroom facilities that are shared by tenants.

HOME funds are generally not available for units identified as part of an approved RHTC lease-purchase program, unless the purchase will occur after the termination of the HOME affordability period. In such case, the assisted units will be considered rental for purposes of the HOME award. Prior to the HOME affordability period expiration, IHFA will consider requests to permit tenants to purchase HOME-assisted rental units on a case-by-case basis only.

Scoring Criteria

There are no scoring criteria for HOME/RHTC awards. Eligibility for the HOME funds will be determined based on:

1. Whether the development demonstrates a need for HOME funds in order to make a greater number of rental units affordable to lower income households.
2. Whether the development meets State and Federal requirements of all programs for which it is applying.
3. If the development ranking is sufficient for it to be awarded RHTCs pursuant to the Tax Credit program guidelines.
4. The availability of HOME funds.

Funding Limitations

The maximum HOME request is \$300,000. IHFA has established a per unit subsidy limitation for HOME-assisted units of \$35,000 for 0-bedroom units, \$40,000 for 1- and 2-bedroom units, and \$50,000 for units with 3 or more bedrooms.

HOME Administrative Subrecipients

IHFA staff generally oversees the implementation of the HOME program; however, IHFA accepts proposals from organizations interested in participating in specific areas of administration that compliment and/or expand IHFA's efforts. Proposals are accepted during published funding cycles.

IHFA reserves the right, however, to initiate subrecipient agreements with not-for-profit organizations or public agencies for specific HOME administrative activities. These subrecipient agreements will be made available throughout the year upon approval of the activity by the IHFA Board of Directors.

Eligible Applicants

- Not-for-profit corporations, as designated under section 501(c)(3) or 501(c)(4) of the Internal Revenue Code
- Public agencies

Eligible Activities

- Only those activities allowed under the HOME regulations (24 CFR 92.207) are eligible for funding with IHFA's HOME administration funds.
- HOME subrecipient activities must comply with the requirements of 24 CFR 84 (a.k.a. OMB Circular A-110) "Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Not-for-profit Organizations."
- In general, IHFA looks for proposals that have a statewide impact and serve to further the Authority's efforts in one or more of the following areas:
 - General management, oversight, and coordination of the HOME program
 - Providing public information to residents and citizen organizations participating in the planning, implementation, or assessment of housing activities being assisted with HOME funds
 - Affirmatively furthering fair housing
 - Compiling data in preparation for the State Consolidated Plan
 - Complying with other Federal requirements such as affirmative marketing; minority outreach; environmental review; displacement, relocation, and acquisition; labor standards; lead-based paint; and conflicts of interest.

Scoring Criteria

There are no scoring criteria for HOME Administrative Subrecipient awards. Eligibility for these funds will be determined based on:

1. Whether proposed activities have a statewide impact.
2. Whether the proposal demonstrates a need for HOME funds.
3. Whether proposed activities meet the HOME regulatory requirements of an administrative subrecipient.
4. Whether proposed activities serve to further IHFA staff efforts.
5. The availability of HOME administrative funds.

Funding Limitations

As allowed by HOME regulations (24 CFR 92.207), IHFA may expend up to 10% of the annual allocation for payment of reasonable administrative and planning costs of the HOME program.

First Home/Plus

Difficulty in coming up with cash for a down payment is often the biggest obstacle for first-time homebuyers. Subsequently, IHFA has developed the First Home/Plus program, through which IHFA links HOME funds in the form of down payment assistance with its Mortgage Revenue Bond (MRB) program.

Eligible Applicants

The borrower must meet the following eligibility requirements:

1. Must be a first-time homebuyer (i.e. has not, at any time during the three years preceding the date of loan closing had an ownership interest in his/her principal residence), unless the buyer is purchasing a home located in a targeted area as published in IHFA's First Home/Plus Program Guide.
2. Must be income-eligible as published in IHFA's First Home/Plus Program Guide.
3. If a borrower is separated from their spouse, a legal separation agreement or a petition for the dissolution is required prior to preliminary approval.
4. Must reasonably expect to reside in the property as his/her principal residence within 60 days after the loan closing date on existing homes and within 60 days of completion for a newly constructed home.
5. Must currently be or intend to become a resident of the State of Indiana.
6. Must successfully complete a homeownership training program.

Eligible Activities

Income-eligible homebuyers can receive up to 10% of the home purchase price in down payment assistance in conjunction with a below-market interest rate mortgage through IHFA. The First Home/Plus program is operated through a partnership between IHFA and participating local lending institutions throughout Indiana. HOME down payment assistance is provided as a 0%, forgivable second mortgage. If the buyer resides in the property for five years, the second mortgage is forgiven. For the purchase of an existing home, for three months prior to the sale, the home must have been vacant, occupied by the seller, or rented to the household that is buying the home.

Funds are allocated on a first-come, first-served basis. Interested borrowers must contact a participating lender to apply for the program. Borrowers are encouraged to contact a participating lender for loan "pre-approval" before they begin looking for a house.

Borrowers must successfully complete a homeownership training program. The participating lender may choose the type of training the borrower receives; however, IHFA strongly recommends a face to face or classroom course given by a HUD approved counselor. A certificate of completion or achievement is required in the loan application package.

Funding Limitations

Depending upon their income, borrowers receive HOME funded down payment assistance of 5% or 10% (capped at \$3,500 and \$7,000, respectively) of the sales price or the appraised value of the property, whichever is less. Acquisition cost of the home may not exceed the lesser of the maximum as set forth in IHFA's First Home/Plus Program Guide or FHA 203(b) Mortgage Limits as published periodically by HUD.

First Home/One Down

IHFA and Fannie Mae jointly offers the First Home/One Down program, which allows qualified first-time home buyers to obtain mortgages with an investment as little as 1%. The loans are offered through IHFA and its statewide network of participating mortgage lenders. In many ways, the First Home/One Down program is operated in the same manner as IHFA's First Home/Plus program, as described in the previous section. Differences between the two programs are highlighted below.

IHFA/Fannie Mae's First Home/One Down program offers homebuyers affordable conventional financing. The qualified homebuyer obtains a first mortgage at a below market interest rate. HOME down payment assistance of 5% or 10% (capped at \$3,500 and \$7,000, respectively), depending upon the buyer's income, is provided in the form of a 0% forgivable second mortgage.

Borrowers must have at least 1% of their own funds invested in the transaction. Sellers may pay up to 3% of the sales price in closing cost. The normal Fannie Mae requirement of having cash reserves left in the bank after closing equal to two months mortgage payments is waived. Pre- and post-purchasing counseling, as well as a whole-house inspection, are requirements of the program.

First Home 100

The First Home 100 program combines IHFA's First Home program and Rural Development's Direct Loans to stretch resources and reach a broader number of eligible borrowers. It is available in areas that are served by Rural Development. Hoosiers can apply for the program through Rural Development offices.

IHFA and Rural Development have combined their income and purchase price limits to make it simpler to determine eligibility for the program. Under First Home 100, an eligible borrower would receive two mortgages, one from IHFA's First Home program, with a below market interest rate, and one from Rural Development, with an interest rate based on the applicant's ability to pay. In some cases, a borrower may also qualify for IHFA's HOME funded down payment assistance, which would result in a forgivable third mortgage to further reduce the borrower's monthly payments.

While IHFA's First Home programs are primarily restricted to first-time homebuyers, this requirement is waived in 30 rural Indiana counties that are designated as targeted areas by the U.S. Department of Housing and Urban Development. These areas largely coincide with the areas served by Rural Development.

HomeChoice

The HomeChoice program was created by Fannie Mae to provide affordable housing for low- to moderate-income individuals who are disabled or who have disabled dependents living with them. Fannie Mae has approved Indiana's HomeChoice Program, and a public announcement was made on January 24, 2001. The availability of this program in Indiana is the result of a team effort among IHFA, Fannie Mae, the Back Home in Indiana Alliance, and Irwin Mortgage. The program is tailored to meet the unique needs of people with disabilities by offering lower down payment requirements; flexible qualifying and underwriting standards; and use of non-traditional credit histories.

To be eligible for the HomeChoice, program applicants must meet certain requirements. Borrowers must be classified as disabled as established in the Americans with Disabilities Act of 1990 or be defined as handicapped by the Fair Housing Amendments of Act of 1988. Also, borrowers must be low- or moderate-income as defined by the U.S. Department of Housing and Urban Development (HUD), which varies by county. In addition, the borrower must occupy the home within 60 days of the loan's closing or completion.

During the pilot phase, HomeChoice will be offered in three counties: Bartholomew, Knox, and Marion, with hopes of going statewide in the future. IHFA has earmarked \$1 million in revenues from its non-taxable mortgage revenue bonds (MRBs) to finance the first mortgages. Additionally, borrowers receive HOME funded down payment assistance of 10% of the sales price or the appraised value of the property, whichever is less. Irwin Mortgage will originate the mortgages, and the Back Home in Indiana Alliance will market, screen applicants, and coordinate counseling for the program. If the program is deemed successful, the HomeChoice partners will assist IHFA in broadening the program throughout the state, and additional sources of funds will be identified.

HOME Investment Partnerships Program – Funds Transfer

IHFA, at its discretion, may authorize HUD to transfer a portion of the State's allocation of HOME Investment Partnerships Program funds to qualifying communities to meet a \$500,000 threshold funding level.

HOME Investment Partnerships Program - Resale/Recapture Guidelines

In accordance with the HOME Investment Partnerships Program, 24 CFR Part 92.254(a)(4), the State of Indiana is establishing policy guidelines to ensure affordability for low-income homebuyers. Because of the diversity of program designs throughout the State, recapture provisions will be appropriate for some housing activity designs and resale provisions will be appropriate for others.

Affordability Periods

HOME-assisted housing must meet the affordability requirements listed below, beginning after project completion. Project completion, as defined by HUD, means that:

- all necessary title transfer requirements and construction work have been performed;
- the project complies with the HOME requirements, including the property standards requirement under 24 CFR 92.251;
- the final drawdown has been disbursed for the project; and
- the project completion information has been entered into HUD's IDIS system.

Homeownership Assistance HOME amount per unit	Minimum period of affordability
under \$15,000	5 years
\$15,000 - \$40,000	10 years
over \$40,000	15 years

Termination of Affordability Period

The affordability restrictions must terminate upon occurrence of any of the following termination events: foreclosure, transfer in lieu of foreclosure, or assignment of an FHA insured mortgage to HUD. The housing provider of HOME funds may use purchase options, rights of first refusal, or other preemptive rights to purchase the housing before foreclosure to preserve affordability. The affordability restrictions shall be revived according to the original terms if, during the original affordability period, the owner of record before the termination event, or any entity that includes the former owner or those with whom the former owner has or had family or business ties, obtains an ownership interest in the development.

Resale Guidelines

Where the program design calls for no recapture or where a program sponsor so chooses, the guidelines for resale may be adopted in lieu of recapture guidelines. Resale restrictions will require the seller to sell the property only to a low-income family that will use the property as their principal residence. The term "low-income family" shall mean a family whose gross annual income does not exceed 80% of the median family income for the geographic area as published annually by HUD.

The purchasing family should pay no more than 30% of its gross family income towards the principal, interest, taxes, and insurance for the property on a monthly basis. Individual grantees may, however, establish guidelines that better reflect their mission and clientele. Such guidelines should be described in the application, program guidelines, or award agreement. The housing shall remain affordable to a reasonable range of low-income buyers for the period described in the HOME regulations, as from time to time may be amended.

The homeowner selling the property will be allowed to receive a fair return on investment, which will include the homeowner's investment and any capital improvements made to the property.

Recapture Guidelines

The amount of HOME funds subject to recapture is based on the amount of HOME assistance that enabled the homebuyer to buy or lease the dwelling unit. This includes any HOME assistance that reduced the purchase price from the fair market value to an affordable price, but excludes the amount between the cost of producing the unit and the market value (i.e., development subsidy). IHFA will calculate the amount of HOME recapture based on the lesser of (1) the prorated amount remaining to be forgiven each year for the term of the affordability period; or (2) the net proceeds of from the sale of the house shared between IHFA and the homeowner.

Proration

The affordability period is determined by the amount of HOME funds that went into the unit. IHFA's grantees must determine in their program guidelines the amount of prorata share that will be forgiven each year over the affordability period.

Net Sale Proceeds

The net proceeds are the sales price minus loan repayment (other than HOME funds) and closing costs. If the net proceeds are not sufficient to recapture the full amount of the HOME investment plus recover the amount of the homeowner's down payment and any capital improvement made by the owner since purchase, IHFA will share the net proceeds with the homeowner.

The net proceeds may be divided proportionally as set forth in the following mathematical formula:

$$\text{HOME Recapture Amount} = (HI / (HI + HOI)) \times \text{Net Proceeds}$$

$$\text{Homeowner Amount} = (HOI / (HI + HOI)) \times \text{Net Proceeds}$$

HI = HOME Investment

HOI = Homeowner Investment

Capital Improvements

Capital improvements are defined as the cost of improvements that increase the value of property or lengthen its life. Examples include, but are not limited to, putting a recreation room in an unfinished basement, adding another bathroom or bedroom, putting up a fence, putting in new plumbing or wiring, installing a new roof, or paving the driveway.

Indiana Housing Finance Authority
2002 Proposed CDBG and HOME Allocations

Community Development Block Grant (CDBG)

	Awards During PY 00 7/1/00 - 6/30/01				Awards To Date During PY 01 7/1/01 - 2/28/02				Proposed FY 02	
Proposed FY 00					Proposed FY 01					
Foundations	\$200,000	4%	\$311,200	6%	\$300,000	6%	\$236,050	5%	\$500,000	10%
-Housing Needs Assessments	\$100,000	2%	\$295,000	6%	\$200,000	4%	\$170,000	3%	\$350,000	7%
-Site-Specific Feasibility Studies	\$100,000	2%	\$16,200	0%	\$100,000	2%	\$66,050	1%	\$150,000	3%
Housing from Shelters to Homeownership	\$4,800,000	96%	\$4,954,259	94%	\$4,700,000	94%	\$4,822,600	95%	\$4,500,000	90%
-Emergency Shelters ¹	\$500,000	10%	\$1,296,759	25%	\$500,000	10%	\$0	0%	\$500,000	10%
-Youth Shelters ¹	\$500,000	10%	\$0	0%	\$500,000	10%	\$0	0%	\$500,000	10%
-Transitional Housing ¹	\$500,000	10%	\$0	0%	\$500,000	10%	\$0	0%	\$500,000	10%
-Migrant/Seasonal Farmworker Housing	\$500,000	10%	\$0	0%	\$500,000	10%	\$427,600	8%	\$500,000	10%
-Rental Housing	\$750,000	15%	\$500,000	9%	\$750,000	15%	\$200,000	4%	\$600,000	12%
-Owner-Occupied Units	\$2,050,000	41%	\$3,157,500	60%	\$1,950,000	39%	\$4,195,000	83%	\$1,900,000	38%
Total ²	\$5,000,000	100%	\$5,265,459	100%	\$5,000,000	100%	\$5,058,650	100%	\$5,000,000	100%

HOME Investment Partnerships Program (HOME)

	Awards During PY 00 7/1/00 - 6/30/01				Awards To Date During PY 01 7/1/01 - 2/28/02				Proposed FY 02	
Proposed FY 00					Proposed FY 01					
Foundations	\$200,000	1%	\$253,075	2%	\$450,000	3%	\$176,200	1%	\$500,000	3%
-CHDO Predevelopment Loans	\$200,000		\$225,075	2%	\$250,000	2%	\$156,200	1%	\$300,000	2%
-CHDO Seed Money Loans	\$0		\$28,000	0%	\$200,000	1%	\$20,000	0%	\$200,000	1%
Housing from Shelters to Homeownership	\$7,218,800	51%	\$8,852,732	61%	\$7,009,900	43%	\$7,106,796	58%	\$9,642,300	59%
-Transitional Housing ¹	\$1,500,000	11%	\$1,768,097	12%	\$1,500,000	9%	\$580,537	5%	\$1,000,000	6%
-Rental Housing	\$2,000,000	14%	\$2,786,535	19%	\$1,500,000	9%	\$2,507,715	21%	\$2,500,000	15%
-Lease-Purchase Units	\$1,000,000	7%	\$490,000	3%	\$1,000,000	6%	\$490,000	4%	\$0	0%
-Homebuyer Units	\$1,000,000	7%	\$936,700	6%	\$1,000,000	6%	\$2,569,314	21%	\$2,142,300	13%
-Owner-Occupied Units	\$1,000,000	7%	\$345,620	2%	\$1,000,000	6%	\$200,230	2%	\$2,000,000	12%
-Homeownership Counseling/Downpayment Assistance	\$718,800	5%	\$2,525,780	17%	\$1,009,900	6%	\$759,000	6%	\$2,000,000	12%
HOME/RHTC	\$1,250,000	9%	\$1,287,700	9%	\$3,000,000	19%	\$1,340,000	11%	\$4,000,000	24%
-Transitional Housing ¹	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$1,000,000	6%
-Rental Housing	\$1,250,000	9%	\$1,287,700	9%	\$3,000,000	19%	\$1,340,000	11%	\$3,000,000	18%
CHDO Works - CHDO Operating Grants	\$500,000	4%	\$570,000	4%	\$600,000	4%	\$419,500	3%	\$660,000	4%
First Home Plus Program ³	\$3,300,000	23%	\$2,144,381	15%	\$3,300,000	20%	\$1,872,701	15%	\$0	0%
HOME/501c3 Bonds	\$250,000	2%	\$0	0%	\$150,000	1%	\$0	0%	\$0	0%
Administration ⁴	\$1,413,200	10%	\$1,183,816	8%	\$1,612,100	10%	\$943,464	8%	\$1,644,700	10%
-IHFA Administrative Expenses and Professional Contracts			\$881,122	6%			\$647,406	5%		
-Administrative Subrecipient Agreements			\$302,694	2%			\$296,058	2%		
Total ²	\$14,132,000	100%	\$14,594,398	100%	\$16,122,000	100%	\$12,154,719	100%	\$16,447,000	100%

Notes:

¹ Emergency shelters, youth shelters, and transitional housing funding goals - \$2.5 million for calendar years 1994-1999, \$3 million for calendar year 2000-2001, \$3.5 million beginning in calendar year 2002.

² Total amount awarded may differ from amount available due to deobligations and reallocations of prior year funding.

³ Award column includes houses funded with HOME Program Income. Data reflects closing date.

⁴ Proposed amount includes total admin for IHFA, grantees, subrecipients, & other professional administrative contracts. Award column excludes grantee admin funds.

ESG Allocation Plan

EMERGENCY SHELTER GRANT 2003 - 2004

NAME	Allocation
ADAMS CO. CRISIS SHELTER	\$10,000.00
AIDS MINISTRIES	\$15,525.00
ALBION FELLOW BACON	\$12,751.00
ALTERNATIVES	\$40,000.00
ARCHDIOCESE OF INDPLS, ST. ELIZABETH	\$30,025.00
CATHOLIC SOCIAL SERVICE OF CENTRAL IN	\$27,254.00
CENTER FOR WOMEN AND FAMILY	\$30,000.00
CHRISTIAN COMM ACTION OF PORTER CO	\$10,300.00
CHRISTIAN LOVE HELP CENTER	\$10,000.00
CITIZENS CONCERNED 4 HOMELESS	\$21,481.00
COLUMBUS REG SHEL 4 WOMEN (TURNING P	\$15,520.00
COMMUNITY & FAMILY SERVICES, INC.	\$10,401.00
COMMUNITY ACTION PORTER-EVAN & VAND CO	\$30,098.00
COMMUNITY ANTI-VIOLENCE ALLIANCE	\$10,000.00
COMMUNITY SERVICE CENTER - MORGAN CO	\$40,000.00
COUNCIL ON DOMESTIC ABUSE	\$10,000.00
CRISIS CENTER/A YOUTH SVCE BUREAU	\$10,000.00
CRISIS CONNECTION	\$16,000.00
DAYSPRINGS CENTER	\$19,475.00
DISMAS INC.	\$10,424.00
ECHO HOUSE CORP	\$25,900.00
EMMAUS MISSION CENTER	\$10,100.00
EVANSVILLE GOODWILL INDUSTRIES	\$22,156.00
FAM. CRISIS SHELTER OF MONTGOM CO	\$11,000.00
FAMILY SERVICE SOCIETY (HANDS OF HOPE	\$28,796.00
FAMILY SERVICES OF DELAWARE COUNTY	\$27,000.00
FAMILY SERVICES OF ELKHART COUNTY	\$24,831.00
FORT WAYNE WOMEN'S BUREAU	\$15,000.00
GARY COMM ON THE STAT OF WOM/ARK	\$30,000.00
GENESIS OUTREACH, INC	\$13,400.00
GENESIS PLACE, INC.	\$23,284.00
GENNESARET FREE CLINIC	\$12,000.00
GOSHEN INTERFAITH HOSP NETWORK	\$25,068.00
HANCOCK HOPE HOUSE	\$24,179.00
HAVEN HOUSE SERVICES	\$37,000.00
HAVEN HOUSE, INC.	\$10,000.00
HEART HOUSE, INC.	\$10,000.00
HOPE HOUSE ADDICTION RECOVERY	\$12,000.00
HOPE HOUSE INC.	\$13,000.00
HORIZON HOUSE, INC	\$36,583.00
HOUSE OF BREAD AND PEACE	\$10,300.00
HOUSING AUTHORITY OF GREENCASTLE	\$13,459.00
HOUSING OPPORTUNITY	\$10,000.00
HUMAN SERVICES	\$32,680.00
INDIANAPOLIS INTERFAITH HOSPITALITY	\$10,000.00
INTERFAITH MISSION, INC.	\$13,300.00
JACKSON COUNTY CENTRAL SERVICES, INC.	\$10,000.00

NAME	Allocation
KNOX.CTY.DV.	\$10,000.00
KOS.CTY.SHEL.ABUSE	\$37,509.00
LAFAYETTE TRANSITION HOUSING CENTER	\$40,000.00
LAFAYETTE URBAN MINISTRIES	\$23,196.00
LIFE CHOICE, INC.	\$23,535.00
LIFE TREATMENT	\$25,050.00
MARGARET ALEXANDER C.H.I.L.D. CENTER	\$10,000.00
MARION HOME FOUNDATION	\$21,000.00
MARTIN LUT KING COMM/COBURN PLACE	\$10,000.00
MIDDEL WAY HOUSE	\$20,684.00
NOBLE HOUSE	\$10,000.00
NORTH CENTRAL IND. RURAL	\$12,581.00
OPEN DOOR COMMUNITY SERVICES,INC	\$40,000.00
PRISONER & COMMUNITY TOGETHER	\$10,000.00
PROJ STEPPING STONE OF MUNCIE	\$10,000.00
PROVIDENCE SELF SUFF. MINISTRIES, INC	\$11,000.00
QUEST FOR EXCELLENCE	\$19,833.00
ROOSEVELT MISSION, INC.	\$25,433.00
SAFE PASSAGE	\$10,000.00
SALVATION ARMY - RUTH LILLY SOCIAL SE	\$27,569.00
SHELTER INC.	\$35,000.00
ST. JUDE, INC.	\$11,081.00
STEPPING STONE 4 VET. INC.	\$13,200.00
STEPPING STONE SHELTER 4 WOMEN	\$11,957.00
THE CARING PLACE	\$23,000.00
THE CENTER FOR THE HOMELESS	\$33,409.00
THE JULIAN CENTER	\$32,000.00
THE MENTAL HEALTH ASSOCIATION	\$29,995.00
THE SALVATION ARMY EVANSVILLE	\$15,427.00
THE SALVATION ARMY HARBOR LIGHT	\$29,177.00
THE SALVATION ARMY KOKOMO	\$10,000.00
THE SALVATION ARMY LAFAYETTE	\$10,100.00
THE SALVATION ARMY VINCENNES	\$10,000.00
THE UNITED CARING SHELTER	\$19,119.00
TWIN OAKS HOUSING CORPORATION	\$10,000.00
VINCENT HOUSE	\$15,000.00
YOUTH SERVICE BUREAU OF ST. JOSEPH	\$11,751.00
YWCA EVANSVILLE	\$10,551.00
YWCA FAMILY INTERVENT (KOKOMO)	\$10,000.00
YWCA FT. WAYNE	\$10,200.00
YWCA GREATER LAFAYETTE	\$13,654.00
YWCA RICHMOND	\$15,000.00
YWCA ST. JOE.	\$14,199.00

TO: Emergency Shelter and Domestic Violence Providers

FROM: Joan M. Cochran, Section Manager

THROUGH: Thurl B. Snell, Deputy Director

DATE: December 28, 2001

SUBJECT: 2003 – 2004 Emergency Shelter and Violence Funding Applications

We are pleased to provide the combined Emergency Shelter, (ESG) Domestic Violence (DV) and Sexual Assault application packet. Renitra Moore-Marion, ESG Program Specialist, and Lena Harris, DV Program Specialist, have worked vigorously on refining and shortening the application process.

Each year the Division of Family and Children (DFC) awards funds to agencies statewide providing Emergency Shelter Grant (ESG) services (including transitional housing) and/or Family Violence programs. The programs combined in this packet are Emergency Shelter (0306); Social Service Block Grant (0600); Domestic Violence Prevention and Treatment (0640); Federal Family Violence Services (0620); and Sexual Assault Services (0900). We do hope you find this process more efficient.

Before your submission, please note the following:

1. This will be a 2-year grant period.
2. Agencies may apply for any or all ESG/Violence funding they are qualified to administer.
3. The application format has been updated. Please read each question carefully and answer as fully as possible.
4. All sections for which you are applying must be fully completed. Incomplete answers or missing documents will result in a reduction of the application's score.
5. Please be advised that certain items must be included in the application. Each application will be evaluated and scored by no less than two members of the Review Committee. The scores will be averaged and funding awards will be based on the averaged scores. **See Service Descriptions for minimum scores.**
6. Each program section is designated by a different color: ESG, Section 1 – Blue; Social Service Block Grant, Section 2 – Beige; DVPT, Section 3 – Pink; Federal Family Violence, Section 4 – Yellow; and Sexual Assault Services, Section 5 – Green. **Only complete and return those sections where funds are being requested. Pages are to be sequentially numbered. Sections are to be tabbed. Proposals and copies are to be three hole punched and submitted in a pocket folder, with one side for the common information and one for the program section.**

7. When applying for both the ESG and Violence funding, please submit an extra copy of the common information.
8. Please read carefully the "Description of Grants and Funding Opportunities" section. These service descriptions detail the programs that an agency must provide in order to apply for funding.
9. ESG funds are awarded on a statewide competitive basis. **ESG awards will have a maximum of \$40,000 and a minimum of \$10,000.**
10. ESG funds will only be awarded to organizations that provide actual shelter for the homeless. This includes day shelters.
11. The Secretary of State's Certificate of Existence must be in the agency's legal, Incorporated name, **not doing business as**. This will expedite the application process and assist in ensuring you receive your grant timely.
12. All Funded Programs are **required** to have Internet access. This will facilitate the mandatory reporting of statistics and demographics to federal funding sources. Please be sure to list your e-mail address for the shelter director on the information page.

Staff will provide **mandatory** training on the application process and other important information, on January 23, 2002, at 10:00 am. in the Government Center South Auditorium. The Review for Application of Funds score sheet will be provided at the training. Please contact Ms. Moore-Marion with the number of attendees at 800.341.3614, extension 7117.

The application deadline is Monday, February 11, 2002. Applications received after 4:30 p.m. on that date, faxed proposals, or incomplete submissions will **NOT** be considered.

Please submit one original application and one copy to the attention of:

**JANET CORVIN
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION
402 W. WASHINGTON ST., ROOM W 381
P. O. BOX 6116
INDIANAPOLIS, IN 46206-6116**

Should you have any questions regarding the ESG or the family violence applications, the process, or procedures, please contact Renitra Moore-Marion, ESG Program Specialist, at 317.232.7117, or Lena Harris, Family Violence Program Specialist, at 317.232.4241. They can also be reached toll free at 1.800.341.3614, extension 7117 or extension 4241. We look forward to your participation in this process.

Cc: James M. Hmurovich
DFC Regional Managers
DFC Deputy Directors (Letter Only)
HCSS Staff (Letter Only)
Local Offices of the Division of Family and Children (Letter Only)

FUNDING APPLICATION TRAINING

AGENDA

Date: January 23, 2002

Time: 10:00 AM

Place: Indiana Government Center South, Auditorium

- | | |
|--|---|
| <i>10:00 am – 11:00 am</i> | 2002-2004 Funding Application Review |
| | A. Grant Writing Tips |
| <i>11:00 am – 12:00 am</i> | Fiscal Review |
| | A. Contract Management System |
| | B. Forms |
| | 1. FSSA Data Form |
| | 2. W 9 |
| | 3. Taxpayer Identification Number Request |
| | 4. Budget Forms |
| | 5. Close-out Reports |
| | C. Common Unintentional Errors |
| <i>12:00 pm – 1:00 pm</i> | Lunch |
| <i>Afternoon Session – For all 2002 Grant Recipients</i> | |
| <i>1:00 pm – 2:00 pm</i> | Claims Review |
| | A. How to Claim |
| | B. How to Document the Advance |
| <i>2:00 pm – 3:00 pm</i> | Shelter Search Review |
| <i>3:00 pm – 4:00 pm</i> | Other Funding Sources |
| <i>4:00 pm – 4:30 pm</i> | Meeting with all 2001-2002 ESG Recipients |

**FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
Housing and Community Services Section**

EMERGENCY SHELTER AND VIOLENCE PROGRAMS

**FY 2003 and FY 2004
APPLICATION FOR FUNDS
COVER PAGE**

Contact Information

Emergency Shelter

Renitra Moore-Marion
Housing and Community Services
P.O. 6116
402 W. Washington St.
Indianapolis, Indiana 46206
317.232.7117
800.341.3614, ext. 7117
rmoore-marion@fssa.state.in.us

Family Violence

Lena Harris
Housing and Community Services
P.O. Box 6116
402 W. Washington St.
Indianapolis, Indiana 46206
317.232.4241
800.341.3614, ext. 4241
lharris@fssa.state.in.us

Please check which application(s) you are completing:

_____ESG (0306) _____SSBG (0600) _____DVPT (0640)
_____FFV (0620) _____SOS (0900)

Application for Funds
Indiana Family and Social Services Administration
Division of Family and Children
Housing and Community Services Section
FY 2003 and FY 2004
(Required Information for all Proposals)

Agency's Legal Name:	Agency Mailing Address, including City/State/Zip:
Is agency's mailing address confidential? Yes No	Federal ID/Employer ID:
Agency CEO/Executive Director: Email:	Agency Program Director: Email:
Agency Physical Address, including City/State/Zip	Is agency's physical address confidential? Yes No
Telephone: () FAX: ()	Principal counties your project serves:
Please circle the most accurate description of your agency: Non-profit for-profit county city town educational institution	Has this agency ever contracted with any other division of the Family and Social Services Administration? (If yes, please specify which Division.) Yes No

GENERAL INSTRUCTIONS

- Completed applications for Emergency Shelter and Violence funding from the Division of Family and Children, for fiscal year FY'2003 and FY'2004 must be received by the Division of Family and Children at the address below by **4:30 PM (EST) on Monday, February 11, 2002.** Materials received after the deadline or apart from the application are ineligible for funding and will not be considered. Faxed copies will not be accepted for funding. The Division of Family and Children will review and make all funding decisions. For acknowledgment that the proposal has been received, include a self-addressed stamped postcard that will be mailed to the applicant when the proposal is received. **A copy of the application is available on disk upon request.**
- Applications may be mailed to or delivered to following address:

**JANET CORVIN
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION
402 W. WASHINGTON ST., ROOM W 381
P. O. BOX 6116
INDIANAPOLIS, IN 46206-6116**

Application materials delivered to any other address will not be considered.

- Applications must be consistent with the service description and comply with requirements contained in this notice of grant availability.
- Submit **one (1) original and one copy** of the application. The original must be signed in **blue** ink. Applications will not be accepted through email or facsimile.
- Each copy is to be three hole punched and submitted in a pocket folder, one side for the common information and one side for the program information.
- When applying for both ESG and the Violence funding, please attach an extra copy of the common information.
- The application must be typed (no smaller than 12 pitch) and single-spaced. **Each page must be numbered sequentially beginning with the Cover Sheet.**
- **Tabbing for the original and the copy - Each required document of the Common section should be tabbed along with each funding program you are applying for.**
- Certain sections of the narrative have **page limits**, which must not be exceeded.
- The application must follow the format and order presented herein. The forms provided with this notice **must be** utilized in completing the application, but may be reproduced on your computer.
- **The application will not be reviewed if all required documents (e.g. Certificate of Existence, Board Member Information, budget, etc.) are not submitted.**
- Do not send, attach, or include any pamphlets, publications, or brochures with your grant application.
- Refer to the Unallowable Expenses Section when preparing program budget forms.

DESCRIPTION OF GRANTS AND FUNDING OPPORTUNITIES

This section provides information regarding each grant available for application. If your agency is applying for the grant listed, please indicate that you wish to apply by marking Yes and complete the funding questions. If you are not applying, mark No and move to the next section. If there is a required match, it should be included in the total project costs.

Each grant opportunity has a color-coded section within this application packet. If your agency indicates that it is applying for a grant, the corresponding color-coded section for that grant must be completed. If you are not applying for a grant, please do not complete the color-coded section for that grant.

SERVICE DESCRIPTIONS

EMERGENCY SHELTER GRANT (0306) Section 1, Blue – The program is designed to help improve the quality of existing emergency shelters for homeless people, to help make available additional emergency shelter space, to help meet the costs of operating shelters and of providing certain essential social services to homeless individuals and families. Homelessness is basically defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence. Thus, persons will have access not only to safe and sanitary shelter, but also the supportive services and other kinds of assistance needed to improve their lives. Further, the program is also intended to restrict the increase of homelessness through the funding of prevention programs and activities. **100% match is required for this grant.**

A minimum score of 70 is required to receive funding.

Apply for: YES NO

(If yes, complete **Blue** section of application packet)

ESG dollars requested: \$ _____

ESG Match funds: \$ _____

Total Project Cost: \$ _____

SERVICE DESCRIPTIONS

SOCIAL SERVICE BLOCK GRANT (0600) Section 2, Beige – Comprehensive Residential Services to victims of domestic violence will be purchased from facilities that have been providing this service for two years and have been reviewed by the State and found in compliance with the State Standards for Domestic Violence Shelters. Victims of family violence are persons who have experienced or who believe they are in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family members or persons in a shared domicile. Service is intended to be short-term for emergency and crisis situations and are not to exceed forty-five days per incident. Comprehensive Residential Services provides temporary shelter and meals, 24-hour crisis intervention, case management services and emergency/essential transportation for victims of family violence and their dependent children. **No match is required.**

A minimum score of 90 is required to receive funding.

Apply for: YES NO

(If yes, complete **Beige** section of application packet)

SSBG dollars requested: \$ _____

Total Project Cost: \$ _____

SERVICE DESCRIPTIONS

DOMESTIC VIOLENCE PREVENTION AND TREATMENT FUND (DVPT) Section 3, Pink -

The goal for DVPT service is to prevent or remedy abuse, neglect, or exploitation of victims of domestic violence (DV). Victims of domestic violence are defined as those who have experienced or believe themselves to be in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family member or person in a shared domicile. Comprehensive Residential Services provides for victims of domestic violence (18 years or older) and their dependent children, in residence, at a shelter. Services are intended to be short-term for emergency and crisis situations and are generally limited to 45 days per episode from point of intervention. Non-Residential Services provides for victims of domestic violence to receive counseling and supportive services without being in-residence at a DV shelter. **A match of 25% is required.**

A minimum score of 70 is required to receive funding.

Apply for: YES NO

(If yes, complete **Pink** section of application packet)

DVPT dollars requested: \$_____

DVPT Match funds: \$_____

Total Project Cost: \$_____

SERVICE DESCRIPTIONS

FEDERAL FAMILY VIOLENCE SERVICES (0620) Section 4, Yellow – This service is to assist in establishing, maintaining and expanding programs and projects to prevent family violence and to provide immediate shelter and other related assistance for victims of violence; information and referral and victim advocacy services in the areas of health issues, social and mental health services, family counseling, job training and employment opportunities, legal assistance and counseling for victims and their children. **If an existing grantee, a 20% match is required for this grant. If your agency is a new grantee, then a match of 35% is required.**

A minimum score of 70 is required to receive funding.

Apply for: YES NO

(If yes, complete **Yellow** section of this application packet)

Family Violence funds requested: \$_____

Family Violence Match funds: \$_____

Total Project Cost: \$_____

SERVICE DESCRIPTIONS

SEXUAL ASSAULT SERVICES (0900) Section 5, Green – This program utilizes funds for preventive health service program activities consistent with making progress toward achieving the directives established for the health status of the population for the year 2003 and 2004. Program guidelines allow for services to victims of sex offenses and for the prevention of sex offenses, especially rape. The program provides for planning, administration and educational activities related to the project. Program funds may also be used for monitoring, evaluation, and start-up for performance activities to prevent diseases and improve the health status of citizens. **No match is required.**

Priorities:

- 1) Identify at-risk potential for sexual assault victims with focus on housing communities and high-risk crime areas.
- 2) Develop unserved and undeserved areas to make services available.
- 3) Outreach to minority populations by providing educational programs regarding reporting, availability of services and prevention education programs.
- 4) Develop a place to educate male sex offenders under the age of thirty.

A minimum score of 70 is required to receive funding.

Apply for: YES NO

(If yes, complete **Green** section of application packet)

Sexual Assault Services dollars requested: \$ _____

Total Project Cost: \$ _____

COMMON INFORMATION SECTION

(When applying for both the ESG and Family Violence funding, please submit an extra copy of the common information)

PLEASE ATTACH THE FOLLOWING INFORMATION.

- W-9 – Taxpayer Identification Number Request
- Automatic Direct Deposit Authorization Agreement
- FSSA Provider Data Form
- Overall description of agency – A description of your agency that should provide a reviewer with a clear, concise overview of your organization. By reading this description, a reviewer should understand the purpose of your agency, mission, goals, major programs, projects and accomplishments, certifications, services provided, targeted population you serve, etc. (Not to exceed one page)
- History of agency (Not to exceed one page)
- List of current board members (Form enclosed)
- Most recent agency organization chart
- Articles of Incorporation
- Secretary of State Certificate of Existence (Must be the most recent)
- Agency Rules and Termination Policy, where applicable.
- A copy of current fire inspection and health department inspection. (Facilities only)
- 3 Letters of Support or Memorandums: One from the local Office of Division of Family and Children (DFC). *(If servicing three (3) or more counties, please attach no less than three (3) DFC support letters)* Two letters or Memorandums of Understanding from social service providers (i.e. community action agencies, churches, hospitals, schools, mental health facilities, trustees, etc.)

CERTIFICATES OF INSURANCE AND BONDING

Attach a copy of the Insurance Declaration Page indicating the current amount of coverage:

1. General Liability (minimum coverage: if your agency receives ESG funding the minimum is \$500,000. If your agency receives DV funding only, the minimum is \$300,000).
2. Automobile Liability (must include non-owned vehicles)
3. Workmen's Compensation and Unemployment Compensation
4. Bond of insurance coverage for all persons who will be handling funds in an amount equal to one-half (1/2) of the total annual funding provided by the State or \$250,000, whichever is less
5. Coverage for losses due to fire, flood, and natural disasters.

TOTAL AGENCY BUDGET

Attach a copy of your organization's current budget. (Total agency)

FINANCIAL STATEMENTS

Attach a copy of your organization's most recently completed year-end financial statements. (Annual or Fiscal Year-End, Audited if Applicable)

CERTIFICATION STATEMENT AND SIGNATURE: Please complete the enclosed form certifying that authority has been given for the agency to apply for funding. (Form enclosed)

FSSA PROVIDERS DATA FORM INSTRUCTIONS

The FSSA providers Data Form is used by the Claims Management System (CMS) and the Auditor's Office to insure data integrity for the issuance of checks and processing of claims.

For the most part, the form is self-explanatory. We would like to call your attention to three areas, which deserve special attention.

EIN:

The "Provider's FID/EIN/SSN Line item must be correctly entered. Most agencies will have an EIN number that starts with 35-. It is important that this information be correct because FSSA pays all claims by referencing the EIN number.

How frequently do you wish to claim for reimbursements?

You have two choices – Monthly with 12 claims and Semi-Monthly with 24 claims and additional manual claims included. Choose one or the other. If you choose 24 claims, please indicate by checking the box and circling "Semi-Monthly-24 claims" in **RED** ink.

Counties for which funding is requested:

These are the counties in which you actually provide services to clients. These are **NOT** the normal residency county clients come from. If the agency, by formal agreement, authorization, or funding formula, provides services for other counties, other than the county where your physical structure is located, check those counties.

You may check "State-Wide" only if you truly provide services in the entire State. You will get one claim form for the State Wide Services. State Wide is **NOT** to be used to indicate the client residency county origination.

For additional information on the W-9, Automatic Direct Deposit Agreement and the FSSA Providers Data Form, please contact Douglas Johnson, Grants Coordinator 1.800.341.3614 ext. 7028.

BOARD MEMBER INFORMATION
DUPLICATE FORM AS NECESSARY

ORGANIZATION: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									

BOARD MEMBER INFORMATION
DUPLICATE FORM AS NECESSARY

ORGANIZATION: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									

CERTIFICATION STATEMENT AND SIGNATURE

Grantee Name:

In order for your agency to be considered for a contract, the following certification Statement must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (in your by-laws) TO SIGN YOUR CONTRACT. This certification must be submitted with all proposal materials.

I have read the request for proposal materials and understand the Intent, Limitations, and Requirements of services purchased through this proposal and the Contractual requirements of the State.

I hereby certify that all program information in the program proposal forms are true and correct and accurately reflects the agency's program. I understand and will comply with the programmatic contractual requirement placed upon this agency if we are awarded a contract.

I hereby certify that the FY'03 Projected Budget page completed for this agency is true and accurately reflects the agency's projected cost of service delivery. I certify that no collusion has contractual requirements placed upon the agency, if we are awarded a contract.

Signature:

Name: (typed or printed)

Title:

Agency's Legal Name:

Date:

UNALLOWABLE EXPENSES

Unallowable expenses include, but may not be limited to the following:

Advertising

Advertising other than for recruitment of personnel or volunteers or for specialized materials is not allowable.

Bad Debt

Bad debt expense is not an allowable expense.

Capital Expenditures

The cost of any capital purchase of \$5000 or more is not allowed as an expense except through yearly depreciation unless the provider has prior written approval from the Indiana Division of Family and Children.

Client Wages

Wages paid by the provider to recipients of purchased services should be offset by program income and are not allowable as expense.

Contingencies or Reserve Funds

Funds reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.

Contributions

Contributions or donations made by providers to others are not allowable expenses for purchased services or grants.

Depreciation on Assets Purchased with Federal or State Funds

Depreciation on building or equipment furnished by the federal government, purchased through federal grants or by state monies is not an allowable expense.

Entertainment Cost

Cost of entertainment, meals, diversions and ceremonials are not allowable expenses.

Expenses Offset by Other Federal Revenue

Expenses allocated to other federal programs are not allowable expenses.

Fines and Penalties

Fines and penalties are not allowable as expenses for purchased services.

Fund Raising Costs

Costs incurred for fund raising should be offset by fund raising revenue and are not allowable as expenses.

In-Kind Expenses

In-Kind expenses recorded to recognize the value of donated space, goods, and services are not allowable as service or grant expenses, but may qualify as required match.

Legal Expenses

Legal expenses not directly benefiting purchased services are not allowable expenses.

Interest Expense

Interest expense is not an allowable expense.

Contract Supplies

Supplies used in the production of goods to be sold should be offset by program income and are not allowable as expenses.

Moving Costs

The provider's cost of moving is not an allowable expense.

Organization Costs

The provider's cost of organizing or reorganizing as a legal entity are not allowable as expenses.

Taxes

Taxes for which the provider could be exempted are not allowable as expenses. Related penalties from prior years are not allowable as expenses.

SECTION 1 - BLUE

EMERGENCY SHELTER GRANT

FUNDING APPLICATION

(0306)

JULY 1, 2002 - JUNE 30, 2003 - FY 2003

AND

JULY 1, 2003 - JUNE 30, 2004 - FY 2004

EMERGENCY SHELTER GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Eight pages, including program narrative information, two financial narratives - one for each year and certification of local approval for nonprofit organizations.

Emergency Shelter funds may be used for:

1. Essential Services: Such services include, but are not limited to, those concerned with employment, health, substance abuse, education, child care, transportation, assistance in obtaining other federal, state, and local assistance, and assistance in obtaining permanent housing. Staff salaries that provide direct case management services necessary to offer such services are allowable costs.
2. Shelter Operating Costs: These costs include rent, utilities, essential equipment, supplies, insurance, and administrative staff costs, (which do not provide direct client services).
3. Homeless Prevention Activities: These activities include, but are not limited to, short term subsidies to defray rent and utility arrearages, security deposits or first month's rent, landlord mediation programs, legal services for indigent tenants, payments to prevent home foreclosure, and other innovative programs and activities designed to prevent the incidence of homelessness.

Program Narrative: The Emergency Shelter program narrative section must contain the following components:

- ❑ Abstract: This section should clearly and concisely summarize the ESG project for which you are requesting funds.
- ❑ Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
 1. Identify who the program will serve including factors that characterize the population.
 2. Where is this population located geographically?
 3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- ❑ Objectives: This section should outline the primary measurable objectives of this project on which evaluation will be based. The Objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- ❑ **Action Plan:** This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.
- ❑ **Evaluation:** This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

Financial Narrative: **(Use enclosed form and See attached instructions. Complete the form for Fiscal Year 2003 and Fiscal year 2004)** This Financial Narrative is for the Emergency Shelter Grant program only. Do not include the entire budget for your agency. Indicate on any or all of the line items the amount you propose to spend in those areas. The instructions for completing the Financial Narrative are located on the back of the form. Under Operations, Shelter Staff is the salary for personnel that actually operate the shelter and can not exceed 10% of the total funding award. Equipment Costs are for purchases that **exceed** \$5,000 per unit, i.e. if a computer is purchased for \$2,000 it is **not** equipment, it is noted under Office Supplies. The Financial Narrative is completed for the amount of Emergency Shelter funds you are requesting. After the proposal review and awards are announced, an Emergency Shelter Grant **Budget Form** will be mailed along with the contract agreement. The budget form should be completed using the revised funding amount.

ESG Certification of Local Approval for Nonprofit Organizations: (Signed by a local elected official). Use the attached form. This form is a **required document** for receiving ESG funding.

**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
HOUSING AND COMMUNITY SERVICES SECTION**

Emergency Shelter Grant

FINANCIAL NARRATIVE

DATE	GRANTEE NAME	GRANT YEAR	FEDERAL ID#
BUDGET PERIOD 6000/114100	THRU	SERVICE CODE: 0306	ACCOUNT #

ESSENTIAL SERVICES			
CHILD CARE	\$ _____	JOB TRAINING	\$ _____
CLOTHING	\$ _____	MEDICAL/DENTAL	\$ _____
EDUCATION	\$ _____	SUPPORTIVE TRANSPORT	\$ _____
FOOD PANTRY	\$ _____	OTHER COSTS	\$ _____
HOUSING PLACEMENT	\$ _____	SUBTOTAL	\$ _____
OTHER COSTS (Specify) _____		_____	
_____		_____	

OPERATIONS			
SHELTER STAFF		(NO MORE THAN 10% OF AWARD)	
BLDG./GROUND MAINT	\$ _____	POSTAGE	\$ _____
CLEANING SUPPLIES	\$ _____	RENT	\$ _____
COMMERCIAL SPACE	\$ _____	SHELTER SUPPLIES	\$ _____
ELECTRIC	\$ _____	TELEPHONE – OFFICE	\$ _____
EQUIPMENT	\$ _____	TELEPHONE – SHELTER	\$ _____
FOOD/COOKING	\$ _____	TOILETRY ITEMS	\$ _____
GAS	\$ _____	TRASH REMOVAL	\$ _____
INSURANCE	\$ _____	WATER/SEWAGE	\$ _____
OFFICE SUPPLIES	\$ _____	OTHER COSTS	\$ _____
		SUBTOTAL	\$ _____
EQUIPMENT AND OTHER COSTS (Specify) _____		_____	
_____		_____	

HOMELESS PREVENTION			
LANDLORD/MEDICATION	\$ _____	SECURITY DEPOSITS	\$ _____
LEGAL SERVICES	\$ _____	UTILITY ASSISTANCE	\$ _____
RENT/MORT. ASSISTANCE	\$ _____	OTHER COSTS	\$ _____
		SUBTOTAL	\$ _____
OTHER COSTS (SPECIFY) _____		_____	
_____		_____	

TOTAL	
--------------	--

INDIANA FAMILY AND SOCIAL SERVICES
HOUSING AND COMMUNITY SERVICES SECTION
EMERGENCY SHELTER GRANT FINANCIAL NARRATIVE INSTRUCTIONS

Please type.

GRANTEE NAME - Enter in agency's name as registered with the Secretary of State's Office.

AGREEMENT NUMBER - This is the number located at the top of first page of the ESG Agreement. The number is made up of four parts - county number - fiscal year - account code - provider #, i.e. 02-6-09-999. Enter the number in this block.

FEDERAL ID - Enter the agency's nine digit federal identification number.

ESSENTIAL SERVICES - Enter by item the amount spent in this line item. Enter the total on the budget summary. Specify any Other Costs. Note: Supportive Transport is transport of the client so that the client may receive support services.

OPERATIONS - Enter by item the amount spent in this line item. Enter the total amount on the budget summary. Specify any Equipment Purchases and Other Costs. Note: Staff includes person(s) that actually operate the shelter (this amount cannot exceed lot of the total award) Telephone - Shelter is the phone located in the shelter for shelter staff or clients; Telephone - Office is the phone for the shelter's administrator; Shelter Supplies includes bedding, linens, towels, etc.; Cleaning Supplies are for the shelter only; Toiletries are those personal hygiene items given to clients; Food/Cooking includes food stuffs and cooking supplies such as pots and pans; Bldg./Ground Maintenance. is for the shelter only; Equipment is defined as those items with a unit cost greater the. \$5,000 and a life expectance of one or more years; Insurance; Commercial Space is the cost to put a client in temporary accommodations such as a hotel or other non-shelter site.

HOMELESS PREVENTION - Enter by item those costs for the provision of homeless prevention activities. Specify Other Costs.

EMERGENCY SHELTER GRANT PROGRAM

CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT ORGANIZATIONS

I, _____
Name and Title

duly authorized to act on behalf of the

Name of the Jurisdiction

Hereby approve the following project(s) proposed by

Name of Nonprofit

Which is (are) to be located in

Name of Jurisdiction

Comments: _____

By: _____
Typed Name and Title

Signature

Date

SECTION 2 - BEIGE

SOCIAL SERVICES BLOCK GRANT
Domestic Violence Services

(0600)

FUNDING APPLICATION

JULY 1, 2002 - JUNE 30, 2003 - FY 2003

AND

JULY 1, 2003 - JUNE 30, 2004 - FY 2004

SOCIAL SERVICE BLOCK GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Six pages, including program narrative information, budget and county/regional projections.

Service Description for 0600 SSBG:

I. Definition:

Comprehensive Residential Services to victims of domestic violence (0600) will be purchased from facilities that have been providing this service for two years and have been reviewed and found in compliance with the State Standards for Domestic Violence Shelters.

Victims of family violence are persons who have experienced or who believe they are in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family members or persons in a shared domicile.

Services are intended to be short-term for emergency and crisis situations and are not to exceed forty-five (45) days per incident. Comprehensive Residential Services (0600) provides temporary shelter and meals, 24-hour crisis intervention, case management services and emergency/essential transportation for victims of family violence and their dependent children.

II. Method of Purchase:

Unit Rate: (For definition of Unit Rate see IX. Components, A. Reporting and Billing.)

This service will be provided to victims of family violence and their dependent children, without regard to income, age, creed, sex, ethnicity, color, religion, national origin, ancestry, marital status, sexual preference or physical challenge.

III. Categories and Characteristics of Individuals To Be Served:

This service is for domestic violence victims and their children. Victims of domestic violence are those persons who have experienced or are in danger of experiencing abuse caused by a spouse, ex-spouse or surrogate spouse.

This service will be provided to victims of domestic violence and their children, without regard to income.

IV. Unit Rate Structure:

Rates will be certified on actual cost statements submitted by applicants. Unit rates will be awarded at a minimum of thirty-five dollars (\$35.00) and a maximum of fifty dollars (\$50.00).

V. Requirements and Restrictions:

- A. Victims for whom services are billed must have a previous permanent Indiana address prior to admission to the shelter.
- B. Support services are limited to the residents of the shelter and should include: Case management, advocacy (for adults and children) and emergency/essential transportation for the provision of these services. **These services must be documented in the case file:**

1. Support/case management involves spending time with the recipient providing emotional support, collecting information for service delivery, developing a service plan for identifying goals, discussion of domestic violence issues, and linking clients to appropriate services.
 2. Advocacy involves providing support for or on behalf of the recipient and the family, coordinating services, providing support group and may involve follow-up with the victim and other service providers working with the victim.
 3. Twenty-four (24) hour crisis intervention shelters shall have a staff or trained volunteers available to respond to a crisis call 24 hours a day, seven days a week, 365 days a year.
 4. When persons are in residence, the agency must document that staff or trained volunteers are on-site, dressed and fully awake, at all times.
 5. Emergency transportation will be arranged in order to assist the victims in arriving at the shelter in a safe manner.
 6. Essential transportation will be arranged in order to assist in providing community resources to the residents of the shelter.
- C. Psychiatric or mental health evaluation cannot be mandated as a requirement for shelter services.
- D. The need for the shelter must be clearly documented on the agency intake form. This documentation must clearly define the identified circumstances which led to the determination that the client experienced abuse or was in immediate danger of experiencing abuse, which led to the need for shelter.
See page 38 of the State Plan (eligibility for new proposer).

- VI. Statement of Goal:
The goal for 0600 service is to provide comprehensive residential services for victims of family violence.
- VII. Allocation Methodology:
The funding formula for 0600 services will be based on the contract management Review, the Request for Funding (RFF) score, and last year's allocation.
- VIII. Protocol:
Please see Allocation Methodology.
- IX. Components:
- A. Reporting and Billing
1. The Reporting and Billing unit is defined as: One (1) 24-hour day.
 2. If an individual is in residence for less than 24 hours, a unit of service may be billed if an intake form is completed and on file.

3. In the case of a child turning 18 while in residence, continue to bill under the mother's name. Do not fill out a separate application form.

Program Narrative: The Social Services Block Grant program narrative section must contain the following components:

- ❑ Abstract: This section should clearly and concisely summarize the Social Service Block Grant program request.
- ❑ Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
 1. Identify whom the program will serve including factors that characterize the population.
 2. Where is this population located geographically?
 3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- ❑ Objectives: This section should outline the primary measurable objectives of this project on which the evaluation will be based. The Objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.
- ❑ Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.
- ❑ Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing the evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in the evaluation, and describe how the evaluation will be used to improve the program.

Budget: **(Use enclosed form)**

Projected County and Regional Information: **(Use enclosed form)** Divide SSBG requested amount into counties to be served. Total should equal total SSBG funds requested.

PROJECTED BUDGET FISCAL YEAR 2003

SOCIAL SERVICES BLOCK GRANT

EXPENSE LINE ITEMS	Column A Total Program Costs	Column B Purchased Services SSBG	Column C Non-Purchased Services
(1) Personnel Services			
(2) Consultants/Contracted			
(3) Supplies			
(4) Occupancy			
(5) In-State Travel Costs			
(6) Out-of-State Travel Costs			
(7) Equipment			
(8) Other (Itemize below)**			
(9) Total Costs			
(10) Disallowance			
(11) Sub-Total Allowable Costs (10-11)			
(12) Total SSBG Funds Requested			
Service Unit Definition:	Projected Number of SSBG Units:	Service Unit Rate:	
		Actual Cost Per Unit	Unit Rate Requested
Shelter Bed Day			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount

SOCIAL SERVICES BLOCK GRANT
Projected County and Region Information

(Information provided must reflect projected services for July 1, 2002 through June 30, 2003.

COUNTIES SERVICED	DOLLARS PROJECTED	COUNTIES SERVICED	DOLLARS PROJECTED	COUNTIES SERVICED	DOLLARS PROJECTED
Benton		Boone		Clay	
Carroll		Clinton		Daviess	
Cass		Fountain		Dubois	
Fulton		Hamilton		Gibson	
Lake		Hendricks		Greene	
Jasper		Howard		Knox	
LaPorte		Johnson		Martin	
Marshall		Marion		Monroe	
Newton		Montgomery		Owen	
Porter		Morgan		Pike	
Pulaski		Parke		Posey	
St. Joseph		Putnam		Spencer	
Starke		Tippecanoe		Sullivan	
White		Tipton		Vanderburg	
NW Region Total:		Vermillion		Vigo	
Allen		Warren		Warrick	
Adams		WC Region Total:		SW Region Total:	
Blackford		Dearborn		Bartholomew	
Dekalb		Decatur		Brown	
Elkhart		Delaware		Clark	
Grant		Fayette		Crawford	
Huntington		Franklin		Floyd	
Kosciusko		Hancock		Harrison	
LaGrange		Henry		Jackson	
Miami		Jay		Jefferson	
Noble		Madison		Jennings	
Steuben		Ohio		Lawrence	
Wabash		Randolph		Orange	
Wells		Rush		Perry	
Whitley		Shelby		Ripley	
NE Region Total:		Union		Scott	
		Wayne		Switzerland	
		EC Region Total:		Washington	
				SE Region Total:	
Column Total:		Column Total:		Column Total:	

SECTION 3 - PINK

DOMESTIC VIOLENCE
PREVENTION AND TREATMENT

FUNDING APPLICATION

(0640)

JULY 1, 2002 - JUNE 30, 2003 - FY 2003

AND

JULY 1, 2003 - JUNE 30, 2004 - FY 2004

DOMESTIC VIOLENCE PREVENTION AND TREATMENT GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Five pages, including program narrative information and budget.

Service Description (0640) DVPT:

Statement of Goal

The goal for Domestic Violence Prevention and Treatment (DVPT) service is to prevent or remedy abuse, neglect or exploitation of victims of domestic violence. Victims of domestic violence are defined as those who have experienced or believe themselves to be in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family member or person in a shared domicile.

Eligible Service Providers

Services will be purchased from agencies that have been providing the program components listed below for at least two years and have participated in a peer review, new agency review or contract management review and found to be in compliance with the state standards for domestic violence.

All eligible service providers must provide equal service opportunities without regard to income, age, creed, sex, ethnicity, color, religion, national origin, ancestry, marital status, sexual preference or physical challenge.

Service Components

Comprehensive Residential Services (0640S) provides for victims of domestic violence (18 years or older) and their dependent children, in residence at a shelter. Services are intended to be short-term for emergency and crisis situations and are generally limited to 45 days per client episode from point of intervention.

Non-residential Service (0640N) provides for victims of domestic violence not in residence at a shelter.

Program Components.

Grantees should provide at least two of the following:

24-hour information, referral and crisis intervention for domestic violence victims. This refers to the availability to respond to a crisis call 24-hours a day, seven days a week, 365 days a year.

Support and/or educational groups for women and children who are domestic violence victims.

Advocacy, ongoing support and follow-up assistance for domestic violence victims.

Counseling/Case management services must be documented in individual case files and include providing emotional support, developing a service plan, identifying goals, discussing domestic violence issues and linking client to appropriate services.

Emergency transportation will be arranged to assist victims arriving at the shelter safely. Essential transportation will be arranged in order to provide victims access to community resources.

Training professionals (medical, legal, law enforcement) with regard to domestic violence issues.

Community training and education programs with regard to domestic violence issues.

Fee Policy

Grants will be administered on a line item monthly reimbursement basis.

0640.1	Personnel Services
0640.2	Other Services
0640.3	Service by Contract
0640.4	Supplies
0640.5	Equipment
0640.6	Sub-contracted Programs
0640.7	In-state travel costs
0640.8	Out of state travel costs

Program Requirements for DVPT Services

Services will be funded only in programs designed to develop and implement means for the prevention and treatment of domestic violence.

Victims who receive services must be residents of Indiana.

Statistical records must be kept and submitted semi-annually to FSSA. Reports are due on July 1, 2003 with a narrative close report due no later than August 31, 2003. FSSA will supply the reporting forms and instructions.

Programs receiving grant awards for 24-hour information, referral and crisis intervention must document the number of telephone calls.

Programs receiving grant awards for support and education groups must maintain records documenting group sessions. This documentation should include attendance sheets, an intake or enrollment form for each member, an agenda for each session and a brief summary of major topics discussed. An unduplicated count of clients served, as well as client statistics, must also be maintained.

General Guidelines

Funding decisions will take into account factors outlined in the State Plan such as:

Staff □ Counties Served □ Cost effectiveness □ Population demographics □ Size of Service Area □ Cost effectiveness □ Population demographics □ Size of Service Area □ Cultural Competence □ Occupancy rate □ Awards will be granted based on the availability of funds.

Applicant must have been in business for two years in order to apply for Domestic Violence funds.

Applicant must demonstrate a need for the service in the proposed geographic area.

Applicant must demonstrate:

Community support and networking

Other funding capabilities and resources

Number of people served in comparison to population size

The applicant must meet the criteria outlined in the DVPT Law.

Total funding to a program grantee will not exceed 75% of program cost.

Under DVPT, no contract will be written for less than \$5,000 and the maximum will be \$50,000.

Current grantees must be in contract compliance, be current with reporting requirements, and have a utilization rate of at least 75% 9 months into the program at the time of the of the Executive Panel.

Funding Priorities

Domestic violence shelters will be given priority for DVPT funds.

Unserved and underserved areas and populations will be considered priorities

Funding consideration will be based upon:

Population served

Availability of services

Urban vs. Rural Factors

Occupancy rate

Compliance with application guidelines

Program Narrative: *The Domestic Violence Prevention and Treatment program narrative section must contain the following components:*

Abstract: This section should clearly and concisely summarize the Domestic Violence Prevention and Treatment program request.

Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:

Identify whom the program will serve including factors that characterize the population.

Where is this population located geographically?

How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

Objectives: This section should outline the primary measurable objectives of this project on which the evaluation will be based. The objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients, and time frames.

Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define the evaluation criteria, explain methods for gathering data, describe tools and instruments used in the evaluation, and describe how the evaluation will be used to improve the program.

Budget: (Use enclosed form)

PROJECTED BUDGET FISCAL YEAR 2003

DOMESTIC VIOLENCE PREVENTION/TREATMENT GRANT

SECTION 4 - YELLOW

FEDERAL FAMILY VIOLENCE

0620

FUNDING APPLICATION

OCTOBER 1, 2002 - SEPTEMBER 30, 2003 - FY 2003

AND

OCTOBER 1, 2003 - SEPTEMBER 30, 2004 - FY 2004

FEDERAL FAMILY VIOLENCE SERVICES GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Seven pages, including program narrative information, budget and compliance statement.

Service Description (0620) FVPS:

Major Definition:

FVPS (0620) funds are to assist in establishing, maintaining and expanding programs and projects to prevent family violence and to provide immediate shelter and other related assistance for victims of violence; information and referral and victim advocacy services in the areas of health cases, social and mental health services, family counseling, job training and employment opportunities, legal assistance and counseling for victims and their children.

The target population of these services are directed to the following populations:

- Under served and unserved populations
- Elderly victims
- Migrant workers
- Male victims

Method of Purchase:

Actual Cost

Characteristics of Individuals Served:

Services are provided to victims of family violence. This includes any family member who is threatened by an act of violence, which could result in injury. These services are also available for the elderly victims, and their children.

Unit Rate Structure/Fees Policy:

Grants will be administered on a line item monthly re-imbursement basis, actual expenses must be billed according to the following add on codes for 0620 claims:

◆ 06205.ADV	Advance	\$1.00
◆ 06205.1	Personnel Services	\$1.00
◆ 06205.2	Other Services	\$1.00
◆ 06205.3	Services by Contract	\$1.00
◆ 06205.4	Supplies	\$1.00
◆ 06205.5	Equipment	\$1.00
◆ 06205.6	Building Land	\$1.00
◆ 06205.7	Indirect	\$1.00

Statement of Goals:

To assist in establishing, maintaining and expanding comprehensive shelter services, community education, and training to service providers. To enhance programs for children and provide adequate services for their care. Provide awareness campaigns and violence prevention and counseling to abusers in order to break the cycle of violence.

Program Narrative: The Federal Family Violence Services program narrative section must contain the following components:

- ❑ Abstract: This section should clearly and concisely summarize the Federal Family Violence Services program request.
- ❑ Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
 1. Identify whom the program will serve including factors that characterize the population.
 1. Where is this population located geographically?
 1. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- ❑ Objectives: This section should outline the primary measurable objectives of this project on which an evaluation will be based. The objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.
- ❑ Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.
- ❑ Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. This section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in the evaluation, and describe how the evaluation will be used to improve the program.

Budget: **(Use enclosed form)**

Compliance Statements: **(Use enclosed forms)**

**PROJECTED BUDGET FISCAL YEAR 2003
FEDERAL FAMILY VIOLENCE GRANT**

EXPENSE LINE ITEMS	Column A Total Program Costs	Column B Purchased Services FVPS	Column C Non-Purchased Services
1. Personnel Services			
1. Other Services			
1. Services by Contract			
1. Supplies			
1. Equipment			
1. Building/Land			
1. Indirect			
1. Total Costs			
1. Disallowance			
1. Sub-Total Allowable Costs (10-11)			
1. Total FVPS Funds Requested			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount

Federal Family Violence Compliance Issues

1. Grant funds will not be used for direct payments to any victim or dependent of a victim of family violence	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. No income eligibility standard will be imposed on individuals receiving assistance or service supported with these funds	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. No fee will be charged for services received under this grant	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. The organization will not discriminate against applicants, recipients or potential or actual employees in regard to age, sex, race, color, religion, national origin, sexual orientation, or handicap	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. Confidentiality of records pertaining to persons receiving assistance or services will be assured	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. The address or location of any shelter/facility will not be made public, except with the written authorization of the person or persons responsible for the operation of the agency	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. All books and records relative to service delivery and documentation will be retained and access permitted to persons authorized by the state for examination of the books, records and documents	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. Financial books, records, and documents will be maintained. Generally acceptable accounting procedures and practices will be followed which sufficiently and properly reflect and allocate all direct and indirect costs for services provided. The state reserves the right to examine these financial books, records and documents	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. The State will be held harmless against loss, liability, damages or expenses because of injury or damage	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>
1. Comply with the Drug-Free Workplace, Lobbying Activities and Debarment and Suspension clauses of the Contractual Agreement	Will Comply <input type="checkbox"/>
	Cannot Comply <input type="checkbox"/>

SECTION 5 - GREEN

SEXUAL ASSAULT SERVICES

(0900)

FUNDING APPLICATION

OCTOBER 1, 2002 – SEPTEMBER 30, 2003 - FY 2003

AND

OCTOBER 1, 2003 – SEPTEMBER 30, 2004 - FY 2004

SEXUAL ASSAULT SERVICES GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Five pages, including program narrative information and budget.

Service Description (0900) Sexual Assault Services:

1. Funds may be used for:
 - Preventive health service program activities consistent with making progress toward achieving the directives established for the health status of the population for fiscal year 2003 and 2004.
 - Providing services to victims of sex offenses and for the prevention of sex offenses, especially RAPE.
 - Related planning, administration and educational activities related to the projects funded.
 - Monitoring and evaluation related to the projects funded.
 - Start-up projects for performance of activities to prevent disease and improve the health status of citizens.
2. Funds may not be used for:
 - Providing inpatient services.
 - Making cash payments to intended recipients of health services.
 - Satisfying any requirements for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
 - Conferences and related activities, such as refreshments, promotional items, promotional activities, and/or accommodations.
 - Performance of activities not specific for disease prevention/health status improvements.
3. Priorities for FY 2003 and FY 2004 are:
 - Educate male sex offenders under the age of 30 to prevent re-occurrence.
 - Fill the gaps of unmet services in unserved and underserved counties and increase services in these areas.
 - Enhance services to areas of high crime and minority population by providing education programs.
 - Reduce incidence of date rape through age appropriate educational programs presented to middle, high school, and college age youth through community and church groups, after school programs, and social organizations.

Program Narrative: The Sexual Assault Services program narrative section must contain the following components:

- ❑ Abstract: This section should clearly and concisely summarize the Sexual Assault Services program request.
- ❑ Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:

1. Identify whom the program will serve including factors that characterize the population.
2. Where is this population located geographically?
3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- ❑ Objectives: This section should outline the primary measurable objectives of this project on which the evaluation will be based. The objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.
- ❑ Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.
- ❑ Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. This section should explain who will be performing the evaluation activities, define the evaluation criteria, explain methods for gathering the data, describe tools and instruments used in the evaluation, and describe how the evaluation will be used to improve the program.

Budget: **(Use enclosed form)**

**PROJECTED BUDGET FISCAL YEAR 2003
SEXUAL ASSAULT SERVICES GRANT**

EXPENSE LINE ITEMS	Column A Total Program Costs	Column B Purchased Services SOS	Column C Non-Purchased Services
1. Personnel			
2. Consultant/Contractual			
3. Space Cost			
4. Consumable Supplies			
5. Travel			
6. Telephone			
7. Non-Consumable Supplies			
8. Program Related Expenses			
9. Other Costs			
10. Total Costs			
11. Disallowance			
12. Sub-Total Allowable Costs (10-11)			
13. Total SOS Funds Requested			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount

**FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION**

**Panel Review Rating Instrument For The
Emergency Shelter Grant**

All evaluators will receive training prior to reviewing and rating applications. The purpose of the training is to make you as familiar and comfortable with the overall review process and with the rating instrument. Please make certain your questions have been answered before you begin. Facilitators will be available during the review and rating process for further consultation as the need arises.

This rating instrument follows the same outline as was given applicants for use in developing their Application for Funds. This correlation was intended to make the rating instrument as easy to use as possible. As you begin the proposal review, feel free to make any initial notes, which might help you, assess a proposal's quality or which might be important for review team discussion, directly on the application.

The numerical ratings the evaluator should be summarized below for each proposal at the end of the review process. The rating instruments may be shared with applicants upon their request. Reviewers will remain anonymous to applicants with reference to scoring and comments.

APPLICANT: _____
REVIEWER'S NAME: _____
DATE: _____

SUMMARY OF RATING

DO NOT PROCEED TO TECHNICAL MERIT IF SCORE IS LESS THAN 70 POINTS. <u>DO SCORE APPLICATION IF BUDGET FORM IS NOT COMPLETED.</u>
--

POSSIBLE POINTS

PART A (COMMON)	(100)	_____
PART B (PROPOSAL SECTION):	(100)	_____

GRAND TOTAL: (PARTS A + B) ➔

200 POSSIBLE POINTS ➔

--

**FAMILYAND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION**

COMMON SECTION CHECK LIST

- 1. OVERALL DESCRIPTION OF THE AGENCY (ONE PAGE)**
- 2. HISTORY PAGE (ON PAGE)**
- 3. CURRENT BOARD MEMBER LIST (FORMS PROVIDED)**
- 4. CURRENT ORGANIZATION CHART**
- 5. ARTICLES OF INFORPORATION**
- 6. CURRENT SECRETARY OF STATE CERTIFICATIE OF EXISTENCE**
- 7. AGNECY RULES AND TERMINATION POLICY (WHERE APPLICABLE)**
- 8. THREE LETTERS OF SUPPORT**
- 9. ESG CERTIFICATION OF LOCAL APPROVAL (FORM PROVIDED)**
- 10. INSURANCE DECLARATION PAGE**
- 11. FACILITY FUNDING SUMMARY**

**FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION**

PANAL REVIEW RATING INSTRUMENT

PART A: INITIAL ACCEPTANCE

KEY COMPONENT	YES/NO	POSSIBLE POINTS	POINTS SCORED
1. During FY 2001, did the shelter submit all reports on the requested due dates?		10	
2. Did the applicant complete an Emergency Shelter Service Description?		10	
3. Does the Common Section contain all of the required documents?		20	
4. Has the applicant adhered to the page limitations?		10	
5. Does the applicant use the legal name as registered with the Secretary of State's Office?		15	
6. Did the Application contain three letter of support and two memorandums of understanding?		15	
7. Does the Common Section contain a copy of the Insurance Declaration Page? Is there documentation of Automobile Insurance, Fire, Flood and Natural Disaster Insurance and General Liability Insurance (minimum or above \$500,000)?		10	
8. Did the applicant submit two copies of the application?		05	
9. Did the applicant submit a FSSA Providers Data Form and a W-9 Form?		05	

**FAMILYAND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION**

TOTAL POINTS:	POSSIBLE: 100	A.
PASSING SCORE:		70 POINTS REQUIRED

ALL APPLICANTS MUST SCORE AT LEAST 70 POINTS TO BE CONSIDERED FOR TECHNICAL MERIT CONSIDERATION.

TECHNICAL MERIT: PART B

<u>KEY COMPONENT</u>	<u>YES/NO</u>	<u>POSSIBLE POINTS</u>	<u>POINTS SCORED</u>
SECTION PROPOSAL:			
1. Proposal section does not exceed eight (8) pages (this includes the Program and Financial Narrative and the Certification of Local Approval for Nonprofit Organizations)?		10	
2. Does the Program Narrative contain the needs that will be met and the problems that will be solved?		10	
3. Does the Program Narrative contain necessary statistics that best support the project?		15	
4. Does the "Needs" statement outline the coordination of the services in the area and the agency's involvement in continuum of care?		15	
5. Does the applicant outline the objective of their project?		10	
6. Does the Applicant describe their relationship/partnership with other organizations that will assist in making the project a success?		20	
7. Does the evaluation explain how it will be used to improve the project?		15	
8. Is the Financial Narrative typed and completed?		05	

HOPWA Allocation Plan

Housing Opportunities for People with AIDS (HOPWA)

Program Description and Application Requirements Calendar Year 2002

For additional information, visit us on the Internet at www.indianahousing.org or contact the following:

*HOPWA Coordinator
Indiana Housing Finance Authority
115 West Washington St., South Tower Suite 1350
Indianapolis, IN 46204
(317) 232-7777 or toll-free (800) 872-0371
lcoffman@ihfa.state.in.us*

The HOPWA program is a federally funded program governed by 24 CFR Part 574 through the United States Department of Housing and Urban Development (HUD). The HOPWA program provides housing assistance and related supportive services for low-income persons with HIV/AIDS and their families. The Indiana Housing Finance Authority (IHFA) is the grantee for HOPWA for the State of Indiana (excluding the following counties Boone, Hamilton, Madison, Hendricks, Marion, Hancock, Morgan, Johnson, Shelby, Clark, Floyd, Scott, Harrison, Dearborn and Ohio).

Methods of Distribution

IHFA will allocate HOPWA funds through a competitive process. If an application satisfies all applicable requirements, it will be evaluated and scored based on:

Program Priorities	25
HOPWA Program Design	25
Capacity	25
Participation in State HIV/AIDS Continuum of Care	<u>25</u>
Total Possible Points	100

The 2002 Application will be available April 1st. The application is due May 3, 2002 5:00 p.m (Indianapolis time).

Notwithstanding the point ranking system set forth above, IHFA reserves the right and shall have the power to allocate funds irrespective of its point ranking, if such intended allocation is (1) in compliance with the applicable federal regulations; (2) in furtherance of the overall goals of the program and Authority; and (3) determined by the Board to be in the interests of the citizens of the state of Indiana.

In order to ensure statewide access to HOPWA funds, IHFA utilizes the Indiana State Department of Health (ISDH) HIV Care Coordination Regions. IHFA has assigned a maximum funding amount available in each of the eleven regions of the state served by the Indiana HOPWA funds.

HOPWA funds were assigned by using ISDH's most current epidemiological data (December 2001) showing the current number of reported HIV/AIDS cases in each county. The total number of cases per county was assigned a percentage in relation to the total number of reported HIV/AIDS cases in all of the counties served by the state EMSA. Each county received a corresponding percentage of HOPWA funds. We then added the totals up of all counties in a region resulting in the final total for each region.

In the event of multiple applications from a region, IHFA reserves the right and shall have the power to allocate less funds than requested in an application.

2002 Regional Allocation

<i>Region 1</i>	Lake, LaPorte, Porter	\$209,700
<i>Region 2</i>	Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke	\$98,800
<i>Region 3</i>	Adams, Allen, DeKalb, Huntington, Kosciuskso, LaGrange, Noble, Steuben, Wabash, Wells, Whitley	\$94,529
<i>Region 4</i>	Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White	\$36,160
<i>Region 5</i>	Cass, Howard, Miami, Tipton	\$26,052
<i>Region 6</i>	Blackford, Delaware, Grant, Jay, Randolph	\$41,712
<i>Region 8</i>	Clay, Parke, Putnam, Sullivan, Vermillion, Vigo	\$57,372
<i>Region 9</i>	Decatur, Fayette, Franklin, Henry, Ripley, Rush, Union, Wayne	\$26,907
<i>Region 10</i>	Bartholomew, Brown, Greene, Lawrence, Monroe, Owen	\$52,817
<i>Region 11</i>	Crawford, Jackson, Jefferson, Jennings, Orange, Switzerland, Washington	\$11,816
<i>Region 12</i>	Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick	\$72,605

Using information received from the current HOPWA grantees' semi-annual performance reports (July – December 2001), we estimate that 2002 HOPWA funds will result in 229 units of short-term assistance and 134 of long-term.

Eligible Applicants

1. Non-profit organizations that:

- Are organized under State or local laws;
- Have no part of its net earnings inuring to the benefit of any member, founder, contributor or individual;
- Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or had designated an entity that will maintain such an accounting system;
- Have among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome (AIDS) or related diseases;
- Can demonstrate integration, or the willingness to partner, with the existing HIV/AIDS Continuum of Care in the local region;
- Are eligible to participate in HUD programs (not on the disbarred list).

2. Governmental Housing Agencies that:

- Are public housing authorities; or
- Are units of government chartered by the chief executive to provide housing activities within the political jurisdiction.

Eligible Activities

- Housing Information
- Resource Identification
- Rental Assistance
- Short-term Rent
- Supportive Services
- Operating Costs
- Technical Assistance
- Administration

2001 HOPWA Awards

Greater Hammond Community Services

Funding Amount: **\$190,000.00**
Counties Served: Lake, LaPorte, Porter
Estimated # of Beneficiaries: 300

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$52,293
Short-term Rental	\$63,000
Supportive Services	\$35,000
Housing Information	\$25,000
Resource Identification	\$2,000
Administration	\$13,300

AIDS Resource Group of Evansville

Funding Amount: **\$67,715.00**
Counties Served: Daviess, Dubois, Gibson, Knox, Martin, Perry
Pike, Posey, Spencer, Vanderburgh, Warrick
Estimated # of Beneficiaries: 257

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$52,075
Short-term Rental	\$900
Supportive Services	\$10,000
Administration	\$4,740

AIDS Task Force, Inc.

Funding Amount: **\$85,091.00**
Counties Served: Adams, Allen, DeKalb, Huntington, Kosciusko,
LaGrange, Noble, Steuben, Wabash, Wells, Whitley
Estimated # of Beneficiaries: 95

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$52,000
Acquisition, Rehab, Repair	\$12,000
Short-term Rental	\$15,135
Administration	\$5,956

AIDS Task Force SE Central Indiana

Funding Amount: **\$25,927.00**
Counties Served: Decatur, Fayette, Franklin, Henry, Ripley, Rush,
Union, Wayne
Estimated # of Beneficiaries: 76

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$18,912
Short-term	\$2,200
Supportive Services	\$3,000
Administration	\$1,815

Area VII Agency on Aging and Disabled

Funding Amount: **\$52,682.00**
Counties Served: Clay, Park, Putnam, Sullivan, Vermillion, Vigo
Estimated # of Beneficiaries: 13

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$45,979
Short-term Rental	\$6,015
Administration	\$5,956

AIDS Ministries/AIDS Assist

Funding Amount: **\$88,400.00**
Counties Served: Elkhart, Fulton, Marshall, Pulaski, St. Joseph, Starke
Estimated # of Beneficiaries: 300

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$35,000
Supportive Services	\$30,050
Operating Costs	\$5,162
Technical Assistance	\$1,000
Short-term Rental	\$11,000
Administration	\$6,188

Area IV Agency on Aging and Community Services

Funding Amount: **\$33,374.00**
Counties Served: Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White
Estimated # of Beneficiaries: 20

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$22,374
Short-term Rental	\$7,000
Supportive Services	\$4,000

Hoosier Hills AIDS Coalition (Clark County Health Department)

Funding Amount: **\$10,896.00**
Counties Served: Crawford, Jackson, Jefferson, Jennings, Orange, Switzerland, Washington
Estimated # of Beneficiaries: 95

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$7,534
Short-term Rental	\$2,600
Administration	\$762

Positive Link

Funding Amount: **\$48,544.00**
Counties Served: Bartholomew, Brown, Greene, Lawrence, Monroe, Owen
Estimated # of Beneficiaries: 75

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$33,000
Short-term Rental	\$15,544

Open Door Community Services (Muncie)

Funding Amount: **\$38,615.00**
Counties Served: Delaware, Grant, Blackford, Jay, Randolph
Estimated # of Beneficiaries: 42

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$27,911.95
Short-term Rental	\$8,000
Administration	\$2,703.05

Open Door Community Services (Kokomo)

Funding Amount: **\$23,583**
Counties Served: Cass, Miami, Howard, Tipton
Estimated # of Beneficiaries: 34

Line-item	Amount of Funding
Tenant Based Rental Assistance	\$14,932.19
Short-term Rental	\$7,000
Administration	\$1,650.81

APPENDIX H.

HUD Regulations Cross-Walk

APPENDIX H.

HUD Regulations Cross-Walk

This appendix refers the reader to those sections in the 1999 Consolidated Plan Update that are intended to fulfill Sections 91.300 through 91.330 of HUD's regulations governing the contents of the state-level consolidated submission for community planning and development programs. Specifically, the bold and italicized text following each subsection refers to a textual location in the Consolidated Plan Update.

Subpart D – State Governments; Contents of Consolidated Plan

Sec. 91.300 General

(a) A complete consolidated plan consists of the information required in Sections 91.305 through 91.330, submitted in accordance with instructions prescribed by HUD (including tables and narratives), or in such other format as jointly agreed upon by HUD and the State.

See Appendix H, all.

(b) The State shall describe the lead agency or entity responsible for overseeing the development of the plan and the significant aspects of the process by which the consolidated plan was developed, the identity of the agencies, groups, organizations and others who participated in the process, and a description of the State's consultations with social service agencies and other entities. It also shall include a summary of the citizen participation process, public comments, and efforts made to broaden public participation in the development of the consolidated plan. *See Section I and Appendix A, D and E, all.*

Sec. 91.305 Housing and homeless needs assessment

(a) General. The consolidated plan must describe the State's estimated housing needs projected for the ensuing five-year period. Housing data included in this portion of the plan shall be based on U.S. Census data, as provided by HUD, as updated by any properly conducted local study, or any other reliable source that the State clearly identifies and should reflect the consultation with social service agencies and other entities conducted in accordance with Sec. 91.110 and the citizen participation process conducted in accordance with Sec. 91.115. For a State seeking funding under the HOPWA program, the needs described for housing and supportive services must address the needs of persons with HIV/AIDS and their families in areas outside of eligible metropolitan statistical areas. *See Sections II III, IV, and V, all.*

(b) Categories of persons affected. The consolidated plan shall estimate the number and type of families in need of housing assistance for extremely low-income, low-income, moderate-income, and middle-income families, for renters and owners, for elderly persons, for single persons, for large families, for persons with HIV/AIDS and their families, and for persons with disabilities. The description of housing needs shall include a discussion of the cost burden and severe cost burden,

overcrowding (especially for large families), and substandard housing conditions being experienced by extremely low-income, low-income, moderate-income and middle-income renters and owners compared to the State as a whole. *See Section III, IV and V, all.*

For any of the income categories enumerated in paragraph (b)(1) of this section, to the extent that any racial or ethnic group has disproportionately greater need in comparison to the needs of that category as a whole, assessment of that specific need shall be included. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in the category as a whole. *See Section III, IV and V, all.*

(c) Homeless needs. The plan must describe the nature and extent of homelessness (including rural homelessness) within the State, addressing separately the need for facilities and services for homeless individuals and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with a table prescribed by HUD. This description must include the characteristics and needs of low-income individuals and families with children (especially extremely low-income) who are currently housed but threatened with homelessness. The plan also must contain a narrative description of the nature and extent of homelessness by racial and ethnic group, to the extent information is available. *See Section V, especially “Persons Experiencing Homelessness.”*

(d) Other special needs. The State shall estimate, to the extent practicable, the number of persons who are not homeless but require supportive housing, including the elderly, frail elderly, person with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and any other categories the State may specify, and describe their supportive housing needs. *See Section V, all.*

With respect to a State seeking assistance under the HOPWA program, the plan must identify the size and characteristics of the population with HIV/AIDS and their families within the area it will serve. *See Section V, especially “Persons with HIV/AIDS.”*

Lead-based paint hazards. The plan must estimate the number of housing units within the State that are occupied by low-income families or moderate-income families that contain lead-based paint hazards, as defined in this part. *See Section IV, especially “Lead Safe Housing.”*

Sec. 91.310 Housing market analysis

(a) General characteristics. Based on data available to the State, the plan must describe the significant characteristics of the State’s housing markets (including such aspects as the supply, demand and condition and cost of housing). *See Sections III and IV, all.*

(b) Homeless facilities. The plan must include a brief inventory of facilities and services that meet the needs for emergency shelter and transitional housing needs of homeless persons within the State. *See Section V, especially “Persons Experiencing Homelessness.”*

(c) Special needs facilities and services. The plan must describe, to the extent information is available, the facilities and services that assist persons who are not homeless but who require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing. *See Section V, all.*

(d) Barriers to affordable housing. The plan must explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing in the State are affected by its policies, including tax policies affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment. *See Section IV, especially “Barriers to Housing Affordability.”*

Sec. 91.315 Strategic plan

(a) General. For the categories described in paragraphs (b), (c), (d), and (e) of this section, the consolidated plan must do the following:

Indicate the general priorities for allocating investment geographically within the State and among priority needs.

Describe the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs. *See Section VI.*

Summarize the priorities and specific objectives, describing how the proposed distribution of funds will address identified needs.

For each specific objective, identify the proposed accomplishments the State hopes to achieve in quantitative terms over a specific time period (i.e., one, two, three or more years), or in other measurable terms as identified and defined by the State. *See Section VI and Appendix G, all.*

(b) Affordable housing. With respect to affordable housing, the consolidated plan must do the following:

The description of the basis for assigning relative priority to each category of priority need shall state how the analysis of the housing market and the severity of housing problems and needs of extremely low-income, low-income, and moderate-income renters and owners identified in accordance with Sec. 91.305 provided the basis for assigning the relative priority given to each priority need category in the priority housing needs table prescribed by HUD. Family and income types may be grouped together for discussion where the analysis would apply to more than one of them; *See Section VI.*

The statement of specific objectives must indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. *See Section VI, and Sections III and IV for supporting market analysis and needs.*

The description of proposed accomplishments shall specify the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined in Sec. 92.252 of this subtitle for rental housing and Sec. 92.254 of this subtitle for homeownership over a specific time period. *See Section VI.*

(c) Homelessness. With respect to homelessness, the consolidated plan must include the priority homeless needs table prescribed by HUD and must describe the State's strategy for the following:

Helping low-income families avoid becoming homeless;

Reaching out to homeless persons and assessing their individual needs;

Addressing the emergency shelter and transitional housing needs of homeless persons; and,

Helping homeless persons make the transition to permanent housing and independent living.

For all of the above, see Section V, "Persons Experiencing Homelessness," Section VI for related strategies, and Appendix G for allocated funds.

(d) Other special needs. With respect to supportive needs of the non-homeless, the Consolidated Plan must describe the priority housing and supportive service needs of persons who are not homeless but require supportive housing (i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and public housing residents). *See Section V, all, Section VI for related strategies, and Appendix G for allocated funds.*

(e) Non-housing community development plan. If the State seeks assistance under the Community Development Block Grant program, the consolidated plan must describe the State's priority non-housing community development needs that affect more than one unit of general local government and involve activities typically funded by the State under the CDBG program. These priority needs must be described by CDBG eligibility category, reflecting the needs of persons of families for each type of activity. This community development component of the plan must state the State's specific long-term and short-term community development objectives (including economic development activities that create jobs), which must be developed in accordance with the statutory goals described in Sec. 91.1 and the primary objective of the CDBG program to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for low-income and moderate-income persons. *See Section III, especially "Community Development Needs," Section VI for related strategies, and actions, and Appendix G for allocated funds.*

(f) Barriers to affordable housing. The consolidated plan must describe the State's strategy to remove or ameliorate negative effects of its policies that serve as barriers to affordable housing, as identified in accordance with Sec. 91.310. *See Section IV, especially "Barriers to Housing Affordability."*

(g) Lead-based paint hazards. The consolidated plan must outline the actions proposed or being taken to evaluate and reduce lead-based paint hazards, and describe how the lead-based paint hazard reduction will be integrated into housing policies and programs. *See Section IV, “Lead Safe Housing.”*

(h) Anti-poverty strategy. The consolidated plan must describe the State’s goals, programs, and policies for reducing the number of poverty level families and how the State’s goals, programs, and policies for producing and preserving affordable housing, set forth in the housing component of the consolidated plan, will be coordinated with other programs and services for which the State is responsible and the extent to which they will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the State has control. *See Section VI, “Anti-Poverty Strategy.”*

(i) Institutional structure. The consolidated plan must explain the institutional structure, including private industry, nonprofit organizations, and public institutions, through which the State will carry out its housing and community development plan, assessing the strengths and gaps in that delivery system. The plan must describe what the State will do to overcome gaps in the institutional structure for carrying out its strategy for addressing its priority needs. *See Section VI, especially goals for enhancing the capacity of nonprofits in the state.*

(j) Coordination. The consolidated plan must describe the State’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health, and service agencies. With respect to the public entities involved, the plan must describe the means of cooperation and coordination among the State and any units of general local government in the implementation of its consolidated plan. *See Section VI, especially goals for enhancing the capacity of nonprofits in the state.*

(k) Low-income housing tax credit use. The consolidated plan must describe the strategy to coordinate the Low-income Housing Tax Credit with the development of housing that is affordable to low-income and moderate-income families. *See Section VI, especially text related to Rental Housing Tax Credits.*

(l) Public housing resident initiatives. For a State that has a State housing agency administering public housing funds, the consolidated plan must describe the State’s activities to encourage public housing residents to become more involved in management and participate in homeownership. *See Section VI for strategies for increasing homeownership and Appendix G for other related strategies.*

Sec. 91.320 Action plan

The action plan must include the following:

(a) Form application. Standard Form 424.

(b) Resources

Federal resources. The consolidated plan must describe the Federal resources expected to be available to address the priority needs and specific objectives identified in the strategic plan, in accordance with Sec. 91.315. These resources include grant funds and program income. *See Section VI and Appendix G, all.*

Other resources. The consolidated plan must indicate resources from private and non-Federal public sources that are reasonably expected to be made available to address the needs identified in the plan. The plan must explain how Federal funds will leverage those additional resources, including a description of how matching requirements of the HUD programs will be satisfied. Where the State deems it appropriate, it may indicate publicly owned land or property located within the State that may be used to carry out the purposes stated in Sec. 91.1.

(c) Activities. A description of the State's method for distributing funds to local governments and nonprofit organizations to carry out activities, or the activities to be undertaken by the State, using funds that are expected to be received under formula allocations (and related program income) and other HUD assistance during the program year and how the proposed distribution of funds will address the priority needs and specific objectives described in the consolidated plan. *See Appendix G.*

(d) Geographic distribution. A description of the geographic areas of the State (including areas of minority concentration) in which it will direct assistance during the ensuing program year, giving the rationale for the priorities for allocating investment geographically. *See Section VI for the State's overall distribution plan and Appendix G for program distribution plans.*

(e) Homeless and other special needs activities. Activities it plans to undertake during the next year to address emergency shelter and transitional housing needs of homeless individuals and families (including subpopulations), to prevent low-income individuals and families with children (especially those with incomes below 30 percent of median) from becoming homeless, to help homeless persons make the transition to permanent housing and independent living, and to address the special needs of persons who are not homeless identified in accordance with Sec. 91.315(d). *See Section VI for related strategies.*

(f) Other actions. Actions it plans to take during the next year to address obstacles to meeting underserved needs, foster and maintain affordable housing (including the coordination of Low-Income Housing Tax Credits with the development of affordable housing), remove barriers to affordable housing, evaluate and reduce lead-based paint hazards, reduce the number of poverty level families, develop institutional structure, and enhance coordination between public and private housing and social service agencies and foster public housing resident initiatives. (See Sec. 91.315 (a), (b), (f), (g), (h), (i), (j), (k) and (l).) *See Section VI for related strategies.*

(g) Program-specific requirements. In addition, the plan must include the following specific information:

CDBG. *See Appendix G, CDBG documentation.*

HOME. *See Appendix G, HOME documentation.*

ESG. The State shall state the process for awarding grants to State recipients and a description of how the State intends to make its allocation available to units of local government and nonprofit organizations. *See Appendix G, ESG documentation.*

HOPWA. The State shall state the method of selecting project sponsors. *See Appendix G, HOPWA documentation.*

Sec. 91.325 Certifications

See Appendix B for all Certifications.

(a) General. *For all items in 91.325 (a)-(d), see Appendix B.*

Affirmatively furthering fair housing. Each State is required to submit a certification that it will affirmatively further fair housing, which means that it will conduct an analysis to identify impediments to fair housing choice within the State, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting the analysis and actions in this regard.

Anti-displacement and relocation plan. The State is required to submit a certification that it has in effect and is following a residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug-free workplace. The State must submit a certification with regard to drug-free workplace required by 24 CFR part 24, subpart F.

Anti-lobbying. The State must submit a certification with regard to compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by that part.

Authority of State. The State must submit a certification that the consolidated plan is authorized under State law and that the State possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan. The State must submit a certification that the housing activities to be undertaken with CDBG, HOME, ESG and HOPWA funds are consistent with the strategic plan.

Acquisition and relocation. The State must submit a certification that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR part 24.

Section 3. The State must submit a certification that it will comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u), and implementing regulations at 24 CFR part 135.

(b) Community Development Block Grant program. For States that seek funding under CDBG, the following certifications are required:

Citizen participation. A certification that the State is following a detailed citizen participation plan that satisfies the requirements of Sec. 91.115, and that each unit of general local government that is receiving assistance from the State is following a detailed citizen participation plan that satisfies the requirements of Sec. 570.486 of this title. *Also see Appendix D.*

Consultation with local governments.

Community development plan. A certification that this consolidated plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that have been developed in accordance with the primary objective of the statute authorizing the CDBG program, as described in 24 CFR 570.2, and requirements of this part and 24 CFR part 570.

Use of funds.

Compliance with anti-discrimination laws. A certification that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the Fair Housing Act (42 U.S.C. 3601-3619) and implementing regulations.

Excessive force.

Compliance with laws. A certification that the State will comply with applicable laws.

(c) Emergency Shelter Grant program.

For States that seek funding under the Emergency Shelter Grant program, a certification is required by the State that it will ensure that its State recipients comply with the following criteria:

In the case of assistance involving major rehabilitation or conversion, it will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for not less than a 10-year period;

In the case of assistance involving rehabilitation less than that covered under paragraph (d)(1) of this section, it will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for not less than a three-year period;

In the case of assistance involving essential services (including but not limited to employment, health, drug abuse or education) or maintenance, operation, insurance, utilities and furnishings, it will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure as long as the same general population is served;

Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary;

It will assist homeless individuals in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living, and other Federal, State, local and private assistance available for such individuals;

It will obtain matching amounts required under Sec. 576.71 of this title;

It will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project except with the written authorization of the person responsible for the operation of that shelter;

To the maximum extent practicable, it will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining and operating facilities assisted under this program, in providing services assisted under the program, and in providing services for occupants of facilities assisted under the program; and

It is following a current HUD-approved consolidated plan.

(d) HOME program. Each State must provide the following certifications:

If it plans to use program funds for tenant-based rental assistance, a certification that rental-based assistance is an essential element of its consolidated plan.

A certification that it is using and will use HOME funds for eligible activities and costs, as described in Secs. 92.205 through 92.209 of this subtitle and that it is not using and will not use HOME funds for prohibited activities, as described in Sec. 92.214 of this subtitle.

A certification that before committing funds to a project, the State or its recipients will evaluate the project in accordance with guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other federal assistance than is necessary to provide affordable housing.

Housing Opportunities for Persons With AIDS. For States that seek funding under the Housing Opportunities for Persons With AIDS program, a certification is required by the State.

Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

Any building or structure purchased, leased, rehabilitated, renovated or converted with assistance under that program shall be operated for not less than 10 years specified in the plan, or for a period of not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure.

(e) HOPWA program. For States that seek funding under the Housing Opportunities for Persons with AIDS program, a certification is required by the State that:

Activities funded under the program will meet the urgent needs that are not being met by available public and private sources; and

Any building or structure purchased, leased, rehabilitated, renovated, or converted with assistance under that program shall be operated for not less than 10 years specified in the plan, or for a period of not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure.

Sec. 91.330 Monitoring

The consolidated plan must describe the standards and procedures that the State will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including the comprehensive planning requirements.

See Section VI.